

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90038 047 \*\*\*150.00

**DOCUMENT # P95000065899**

1. Entity Name

**THE WRENCH, INC.**

Principal Place of Business

~~C/O WRB ENTERPRISES~~  
~~1414 SWANN AVENUE #201~~  
~~TAMPA FL 33606~~

Mailing Address

~~C/O WRB ENTERPRISES~~  
~~1414 SWANN AVENUE #201~~  
~~TAMPA FL 33606~~

00047854

2. Principal Place of Business

3. Mailing Address

**4015 S. Westshore Blvd.**

**4015 S. Westshore Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Tampa, FL**

**Tampa, FL**

Zip

Country

Zip

Country

**33611 USA**

**33611 USA**

4. FEI Number **59-3336103**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICE, K B**  
**1002 ARDSLEY PLACE**  
**TAMPA FL 33629**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

**Brad Ruel - President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>G. ROBERT BLANCHARD</b>	
STREET ADDRESS	<b>1414 SWANN AVE #201</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>VB</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BARTLEY K. RICE</b>	
STREET ADDRESS	<b>1414 SWANN AVE #201</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SUSIE N ADAMS</b>	
STREET ADDRESS	<b>1414 SWANN AVE #201</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SYLVIA SCHMIDTTER</b>	
STREET ADDRESS	<b>1414 SWANN AVE #201</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLANCHARD, WILLIAM M</b>	
STREET ADDRESS	<b>1414 SWANN AVE #201</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bradley S. Ruel</b>	
STREET ADDRESS	<b>4015 S. Westshore Blvd.</b>	
CITY-ST-ZIP	<b>Tampa, FL 33611</b>	
TITLE	<b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Karen E. Ruel</b>	
STREET ADDRESS	<b>4015 S. Westshore Blvd.</b>	
CITY-ST-ZIP	<b>Tampa, FL 33611</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Karen Ruel**

Date

Daytime Phone #

**4-27-01**

**813-831-8875**

CR2E034 (10/00)