

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90071 019 ***150.00

DOCUMENT # P95000065899

1. Entity Name

THE WRENCH, INC.

Principal Place of Business

**4015 S. WESTSHORE BLVD.
TAMPA FL 33611**

Mailing Address

**4015 S. WESTSHORE BLVD.
1414 SWAN AVENUE #201
TAMPA FL 33611**

2. Principal Place of Business

4911 E. Broadway Ave
Suite, Apt. #, etc.

3. Mailing Address

4911 E. Broadway Ave
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa, FL

4. FEI Number

59-3336103

Applied For

Not Applicable

Zip
33605

Country
USA

Zip
33605

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICE, K B
1902 ARDSLEY PLACE
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name **Bradley S. Ruel**
Street Address (P.O. Box Number is Not Acceptable)
10003 Country Carriage Cir.
City **Riverview** **FL** Zip Code **33569**

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** **1-14-02**
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUEL, BRADLEY S 4015 S. WESTSHORE BLVD. TAMPA FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUEL, KAREN E 4015 S. WESTSHORE BLVD. TAMPA FL 33611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUSIE N ADAMS 1414 SWANN AVE #201 TAMPA FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SYLVIA SCHMIDTETTER 1414 SWANN AVE #201 TAMPA FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCHARD, WILLIAM M 1414 SWANN AVE., #201 TAMPA FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Bradley Ruel 4911 E. Broadway Ave. Tampa, FL 33605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Karen E. Ruel 4911 E. Broadway Ave. Tampa, FL 33605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE:

Karen Ruel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 813-248-4443
Date Daytime Phone #

CR2E034 (9/01)