## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # P95000096880 1. Entity Name GLENN WEHAUSEN CONSTRUCTION CLEAN UP, INC. 05-08-2000 90013 002 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 4247 19500 SKIPPER ROAD NORTH FT MYERS FL 33917 NO FT MYERS FL 33918-4247 νευυυυμη 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0680209 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEHAUSEN, GLENN Street Address (P.O. Box Number is Not Acceptable) 19500 SKIPPER ROAD NORTH FT MYERS FL 33917 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT) F ☐ Change ☐ Addition ☐ Defete TITLE WEHAUSEN, KENT NAME NAME STREET ADDRESS 713 SW 46TH ST STREET ADDRESS CITY-ST-ZIP COLPER CORAL FL 33914 City-St-709 ☐ Addition ☐ Change Delete TITLE TITLE WEHAUSEN, GLENN NAME NAME 19500 SKIPPER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH FT MYERS FL 33917 CITY-ST-ZIP Change ☐ Addition X Delete TITLE TITLE WEHAUSEN, RUSSELL NAME 19500 SKIPPER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH FT. MYERS FL 33917 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 an address, with all other like empowered

Daytime Phone # ETOR