

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90074 044 ***158.75

DOCUMENT # P97000021316

1. Entity Name

CHARLES A. WENTZEL ENTERPRISES, INC.

Principal Place of Business
12245 S. 263 TERR.
HOMESTEAD, FL 33032
US

Mailing Address
12245 S. 263 TERR.
HOMESTEAD, FL 33032
US

80022837

2. Principal Place of Business
1560 NW 18 CT.
Suite, Apt. #, etc.

3. Mailing Address
1560 NW 18 CT.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CRYSTAL RIVER, FL
Zip
34428
Country
USA

City & State
CRYSTAL RIVER, FL
Zip
34428
Country
USA

4. FEI Number
65-0734498

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

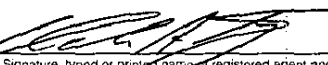
WENTZEL, CHARLES A.
12245 SW 263rd TERRACE
HOMESTEAD, FL 33032

7. Name and Address of New Registered Agent

Name
CHARLES A. WENTZEL (same)
Street Address (P.O. Box Number is Not Acceptable)
1560 NW 18 CT.

City
CRYSTAL RIVER FL Zip Code
34428

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  CHARLES A. WENTZEL President/Treasurer 1/30/01
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

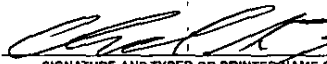
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WENTZEL, CHARLES A. 12245 SW 263 TERRACE HOMESTEAD, FL 33032	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WENTZEL, ALAN L. 7700 NW 36 ST. DAVIE, FL 33024	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WENTZEL, MARY 7700 NE 36 ST. DAVIE, FL 33024	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PFAFF, LIONEL 1010 SW 30 ST. W.APT. FT. LAUDERDALE, FL 33315	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P CHARLES A. WENTZEL 1560 NW 18 CT. CRYSTAL RIVER, FL 34428	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALAN L. WENTZEL 1560 NW 18 CT. CRYSTAL RIVER, FL 34428	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARY F. WENTZEL 1560 NW 18 CT. CRYSTAL RIVER, FL 34428	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHARLES A. WENTZEL 1560 NW 18 CT. CRYSTAL RIVER, FL 34428	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:  CHARLES A. WENTZEL 1/30/01 (352) 795-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)