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 WENTZELL ENTERPRISES, INC.

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

2. Principal Place of Business	3. Mailing Address
1560 NW 18 CT.	1560 NW 18 CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRYSTAL RIVER, FL	City & State: CRYSTAL RIVER, FL
Zip: 34428 Country: USA	Zip: 34428 Country: USA

AUU22857

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
WENTZELL, CHARLES A. 12245 SW 263rd TERRACE HOMESTEAD, FL 33032	Name: CHARLES A. WENTZELL (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: [signature] CHARLES A. WENTZELL 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WENTZELL, CHARLES A. 12245 SW 263 TERRACE HOMESTEAD, FL 33032	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P CHARLES A. WENTZELL 1560 NW 18 CT. CRYSTAL RIVER, FL 34428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WENTZELL, ALAN L. 7700 NW 36 ST. DAVIE, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALAN L. WENTZELL 1560 NW 18 CT. CRYSTAL RIVER, FL 34428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WENTZELL, MARY 7700 NE 36 ST. DAVIE, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARY F. WENTZELL 1560 NW 18 CT. CRYSTAL RIVER, FL 34428	☒ Change ☐ Addition
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	T CHARLES A. WENTZELL 1560 NW 18 CT. CRYSTAL RIVER, FL 34428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: [signature] CHARLES A. WENTZELL 1/30/01 (352) 795-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #