

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90401 034 ***150.00

DOCUMENT # P97000021316

1. Entity Name
CHARLES A. WENTZELL ENTERPRISES, INC.



Principal Place of Business
**1560 NW 18 CT.
CRYSTAL RIVER FL 34428
US**

Mailing Address
**1560 NW 18 CT.
CRYSTAL RIVER FL 34428
US**



2. Principal Place of Business
2120 NW 16 CT.

3. Mailing Address
2120 NW 16 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CRYSTAL RIVER, FL

City & State
CRYSTAL RIVER, FL

4. FEI Number **65-0734498**

Applied For
☐ Not Applicable

Zip
34428

Country
USA

Zip
34428

Country
USA

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
1560 NW 18 CT.
CRYSTAL RIVER FL 34428**

Name **WENTZELL, CHARLES A.**

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

2120 NW 16 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/08/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WENTZELL, CHARLES A 1560 NW 18 CT CRYSTAL RIVER FL 34428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WENTZELL, ALAN L 1560 NW 18 CT. CRYSTAL RIVER FL 34428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WENTZELL, MARY F 1560 NW-18 CT. CRYSTAL RIVER FL 34428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SADEN, PETER J 1560 NW 18CT CRYSTAL RIVER FL 34428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Wentzell, Charles A. 2120 NW 16 CT. CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WENTZELL, ALAN L. 2120 NW 16 CT. CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wentzell, Mary F. 2120 NW 16 CT. CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SODEN, PETER J. 2120 NW 16 CT. CRYSTAL RIVER, FL 34428	<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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/03

Date

Daytime Phone #

CR2E034 (10/02)