

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90125 047 ***150.00

DOCUMENT # P98000105390

1. Entity Name
WEGSCHEID ENTERPRISES, INC.



Principal Place of Business
**150 S. MAIN ST.
LABELLE FL 33975**

Mailing Address
**P.O. BOX 250
LABELLE FL 33975**



2. Principal Place of Business
3840 Crescent Acres Dr. SW

3. Mailing Address
P.O. Box 340

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LaBelle, FL

City & State
LaBelle, FL

4. FEI Number **65-0884681**

Applied For
Not Applicable

Zip
33935

Country
USA

Zip
33975

Country
USA

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

6. Name and Address of Current Registered Agent

**WATKINS, JOHN J
150 S. MAIN ST.
LABELLE FL 33975**

7. Name and Address of New Registered Agent

Name
Patricia D. Wegscheid

Street Address (P.O. Box Number is Not Acceptable)
3840 Crescent Acres Dr. SW

City
LaBelle FL Zip Code
33935

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.

Patricia D. Wegscheid

(NOTE: Registered Agent signature required when reinstating)

1/29/03
DATE

**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
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
WEGSCHEID, PATRICIA
STREET ADDRESS
3840 CRESCENT AVE. SW
CITY-ST-ZIP
LABELLE FL 33935

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P/S/T ☐ Change ☒ Addition
NAME
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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: **PATRICIA D. WEGSCHEID** **1-29-03** **863-674-4060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)