

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000043299**

1. Entity Name

WBCO ENTRY SYSTEMS, INC.

Principal Place of Business

**12660 METRO PARKWAY
FT MYERS FL 33912**

Mailing Address

**12660 METRO PARKWAY
FT MYERS FL 33912**

2. Principal Place of Business

11360 Metro Parkway

3. Mailing Address

11360 Metro Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Myers, FL

City & State

Ft Myers, FL

4. FEI Number

65-0928579

Applied For

Not Applicable

Zip
33912

Country

USAZip
33912

Country

USA5. 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

**COSTELLO, TRUMAN J
12670 NEW BRITTANY BLVD #101
FT MYERS FL 33907**

Name

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

City

FL

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

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 ☐ Delete
NAME **D**
STREET ADDRESS **EBEL, GEORGE F IV**
CITY-ST-ZIP **12988 COCO PLUM LANE
NAPLES FL 34119**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **WEBER, WILLIAM C**
CITY-ST-ZIP **7 BRIANS LANE
FAIRFIELD OH 45014**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **BOLLIN, ROBERT A**
CITY-ST-ZIP **4842 OLDE MEADOW LAND
SYLVANIA OH 43560**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90132 021 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)