

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S35691

1. Entity Name  
THE WETZEL COMPANY, INC.

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90028 024 \*\*\*550.00

0135428 AT

Principal Place of Business  
200 CARONDELET STREET  
STE. 1601  
NEW ORLEANS LA 70130  
US

Mailing Address  
200 CARONDELET STREET  
STE. 1601  
NEW ORLEANS LA 70130  
US

00062727



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
650 Poydras St  
Suite, Apt. #, etc.  
Suite 1400  
City & State  
New Orleans LA  
Zip 70130 Country US

3. Mailing Address  
650 Poydras St  
Suite, Apt. #, etc.  
Suite 1400  
City & State  
New Orleans LA  
Zip 70130 Country US

4. FEI Number 72-1183149  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ESTROFF, SANFORD M  
4335 HIGHLAND PARK BLVD.  
LAKELAND FL 33813

7. Name and Address of New Registered Agent  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	DPS WETZEL, ELIZABETH A 200 CARONDELET STREET, SUITE 1601 NEW ORLEANS LA	<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		<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ELIZABETH A WETZEL 650 Poydras St, Suite 1400 New Orleans LA 70130	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Elizabeth A. Wetzel ELIZABETH A. WETZEL 8/27/01 504-529-1288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)