2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State
03-27-2000 90112 037 ***150.00

DOCUMENT # H17816

1. Entity Name
WELLBAUM & WOLFF, P.A.

Principal Place of Business	Mailing Address
~~1160 S MCCALL RD~~ ~~SUITE B~~ ENGLEWOOD FL 34223 US	~~1160 S MCCALL RD~~ ~~SUITE B~~ ENGLEWOOD FL 34223-4230 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
686 N. Indiana Ave	686 N. Indiana Ave.
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.: Suite A.
City & State: Englewood FL	City & State: Englewood FL
Zip: 34223 Country: USA	Zip: 34223 Country: USA

4. FEI Number 59-2440710 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFF, LORI WELLBAUM
~~1160 S MCCALL RD~~
~~SUITE B~~
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name: Lori Wellbaum Wolff
Street Address (P.O. Box Number is Not Acceptable): 686 N. Indiana Ave, Suite A
City: Englewood **FL** Zip Code: 34223

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 ✓ Lori Wellbaum Wolff 3/17/00
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, 2000 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	PD WELLBAUM, R.W., JR. 1160 S MCCALL RD SUITE B ENGLEWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/T Lori Wellbaum Wolff 686 N. Indiana Ave, Suite A Englewood, FL 34223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD MCLENNON, THOMAS P. 1160 S MCCALL RD SUITE B ENGLEWOOD FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	R.W. Wellbaum, Jr 686 N. Indiana Ave, Suite A Englewood, FL 34223 V/S/D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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] Wolff 3/17/00 (941) 474-3241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #