

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H17816

1. Entity Name

WELLBAUM & WOLFF, P.A.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90112 037 ***150.00

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

2. Principal Place of Business

3. Mailing Address

686 N. Indiana Ave
Suite, Apt. #, etc.
Suite A

686 N. Indiana Ave
Suite, Apt. #, etc.
Suite A

City & State

City & State

Englewood FL

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

7. Name and Address of New Registered Agent

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

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 
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

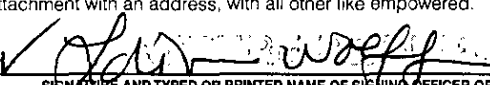
11. OFFICERS AND DIRECTORS

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	STD MCLENNON, THOMAS P. 1160 S MCCALL RD SUITE B ENGLEWOOD FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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	R.W. Wellbaum, Jr 686 N. Indiana Ave, Suite A Englewood, FL 34223 V1510	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 (941) 474-3241
Date Daytime Phone #

CR2E034 (9/99)