

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 369714

1. Entity Name

WOLFE DESIGN GROUP, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90023 002 ***150.00

Principal Place of Business

2314 HOWARD DR.
WINTER PARK FL 32789
US

Mailing Address

2314 HOWARD DR.
WINTER PARK FL 32789
US

2. Principal Place of Business

203 N. Woodland Blvd

Suite, Apt. #, etc.

3. Mailing Address

2790 Whitehurst Rd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DeLand, FL

City & State

DeLand, FL

4. FEI Number

59-1301089

Applied For

Not Applicable

Zip

32720

Country

US

Zip

32720

Country

US

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

6. Name and Address of Current Registered Agent

WOLFE, GERALDINE L.
2314 HOWARD DR.
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Wolfe, Geraldine K

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

2790 Whitehurst Rd

City

DeLand

FL

Zip Code

32720

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WOLFE, GERALDINE L.	
STREET ADDRESS	2314 HOWARD DR.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOLFE, JOHN R	
STREET ADDRESS	2314 HOWARD DR.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wolfe, Geraldine K	
STREET ADDRESS	2790 Whitehurst Rd	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wolfe, John R.	
STREET ADDRESS	2790 Whitehurst Rd	
CITY-ST-ZIP	DeLand, FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-18-01

Date

386 740-1492

Daytime Phone #

CR2E034 (10/00)