

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 493833**

1. Entity Name

JOHN WOLF & SONS, INC.**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90332 011 ***150.00

Principal Place of Business

**2552 S.E. CLAYTON ST.
P.O. BOX 416
STUART FL 34997
US**

Mailing Address

**P.O. BOX 416
P.O. BOX 416
STUART FL 34995
US****923640**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1829698**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WOLF, JOHN R JR.
561 HALPATIOKEE
STUART FL 34994**

Name

JOHN R. WOLF JR.

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

421 SW SOUTH RIVER DR. 207

City

STUART

FL

Zip Code

34997

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 **John R. Wolf Jr.****JOHN R. WOLF JR.****2/19/01**

(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 State10. 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	P	<input type="checkbox"/> Delete
NAME	WOLF, JAMES M.	
STREET ADDRESS	4525 SE BEAVER LANT	
CITY-ST-ZIP	STUART FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOLF, JOHN R. I	
STREET ADDRESS	8512 SE DRIFTWOOD	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	TS	<input type="checkbox"/> Delete
NAME	WOLF, JOHN R	
STREET ADDRESS	561 HALPATIOKEE	
CITY-ST-ZIP	STUART 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"/> 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	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF JOHN R	
STREET ADDRESS	421 SW SOUTH RIVER DR. 207	
CITY-ST-ZIP	STUART, FL 34997	
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: **John R. Wolf Jr.****JOHN R. WOLF JR. 2/19/01 (561) 287-7560**

Date

Daytime Phone #

CR2E034 (10/00)