

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 645042

1. Entity Name
WOLVERINE CONSTRUCTION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90131 017 ***150.00

Principal Place of Business	Mailing Address
19681 SUMMERLIN RD #211 FT MYERS FL 33908 US	19681 SUMMERLIN RD #211 FT MYERS FL 33908-3873 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1951784	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SASSO, M DANIEL
3624 DEL PRADO BLVD, STE D
CAPE CORAL FL 33904

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	
NAME	BACHELOR, DUANE C	NAME	
STREET ADDRESS	19681 SUMMERLIN RD #211	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33908	CITY-ST-ZIP	
TITLE	DVP	TITLE	
NAME	BACHELOR, SHAWN	NAME	
STREET ADDRESS	329 TUDOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	BACHELOR, JOSEPH D	NAME	
STREET ADDRESS	2107 N.E. 17TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 00000	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Duane C. Bachelor Date: _____ Daytime Phone #: _____

CR2E034 (9/99)