

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90021 042 ***558.75

DOCUMENT # F01000006172

1. Entity Name
WOLF TREE EXPERTS INC.

Principal Place of Business
**3310 GREENWAY DRIVE
 KNOXVILLE TN 37918**

Mailing Address
**PO BOX 5416
 KNOXVILLE TN 37928-0416**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-0676838**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MCJINIS, JIM
 2669 CHEROKEE CT.
 WEST PALM BEACH FL 33406**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	PCD	<input type="checkbox"/> Delete
NAME	WOLF, TOM	
STREET ADDRESS	512 CHEROKEE BLVD	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOLF, PAUL	
STREET ADDRESS	2848 GIBBS DR.	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GIBSON, LINDA	
STREET ADDRESS	403 PEARL ROAD	
CITY-ST-ZIP	SEYMOUR TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAZER, GENE	
STREET ADDRESS	6503 WEST MINISTER RD	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANSOM, BILL	
STREET ADDRESS	2153 DUNCAN RD	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOLF, JOHN	
STREET ADDRESS	2109 WOODMERE LN	
CITY-ST-ZIP	KNOXVILLE TN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wolf, Michael	
STREET ADDRESS	7742 Ogg Rd	
CITY-ST-ZIP	Knoxville, TN 37938	
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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02 (865) 687-3400

Date

Daytime Phone #

CR2E034 (4/02)