

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90551 032 ***150.00

DOCUMENT # F99000002744

1. Entity Name
~~NETWOLVES ENTERPRISES, INC.~~

Net Wolves Corp



Principal Place of Business
**4002 EISENHOWER BLVD.
STE. 101
TAMPA FL 33634-7511**

Mailing Address
**4002 EISENHOWER BLVD.
STE. 101
TAMPA FL 33634-7511**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-2208052**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	GROTEKE, WALTER M
STREET ADDRESS	1102 SOUTH BAYSHORE BLVD.
CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	<input type="checkbox"/> Delete
NAME	GROTEKE, WALTER R SR.
STREET ADDRESS	1213 ALMEDA AVENUE
CITY-ST-ZIP	CLEARWATER FL 33759
TITLE	<input type="checkbox"/> Delete
NAME	CASTLE, PETER C
STREET ADDRESS	5313 ARCHSTONE DRIVE, APT. 204
CITY-ST-ZIP	TAMPA FL 33634
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director Myron Levy
STREET ADDRESS	807 Bent Creek Dr.
CITY-ST-ZIP	Lititz, PA 17543
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director CARLOS CAMPBELL
STREET ADDRESS	11530 Links Dr.
CITY-ST-ZIP	Raton, VA 20190-4821
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director FASSIL GIABREWARIAM
STREET ADDRESS	4209 West Platt St
CITY-ST-ZIP	Tampa FL 33609
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all names like empowered.

SIGNATURE: *Peter C. Castle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03 *813-286-8814*
Date Daytime Phone #

CR2E034 (10/02)