

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90111 046 ***158.75

DOCUMENT # G48235

1. Entity Name
CHARLES WOLFE & SONS OF FLORIDA, INC.



Principal Place of Business
**2801 MICHIGAN AVE.
FT. MYERS FL 33916**

Mailing Address
**2801 MICHIGAN AVE.
FT. MYERS FL 33916**



2. Principal Place of Business
7766 BAY LAKE DR.
Suite, Apt. #, etc.

3. Mailing Address
7766 BAY LAKE DR.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FT. MYERS, FL

City & State
FORT MYERS FL

4. FEI Number **59-2307503**

Applied For
Not Applicable

Zip Country
33907 US

Zip Country
33907 US

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

WOLFE, KENNETH

~~8366 CHARTER CLUB CIRCLE #2101~~ **7766 BAY LAKE DR.**
~~FT. MYERS FL 33919~~ **FT. MYERS, FL 33907**

Name

SAME

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

7766 BAY LAKE DR.

City

FT. MYERS

FL

Zip Code

33907

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 **KENNETH WOLFE**

3/24/03

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WOLFE, KENNETH**
STREET ADDRESS **8366 CHARTER CLUB CIRCLE / STE - 2101**
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH WOLFE PRESIDENT 3/24/03 239-246-8028

Date

Daytime Phone #

CR2E034 (10/02)