

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J94886

1. Entity Name
DAVID E. WOLFE CONSULTANTS, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90003 013 ***550.00

Principal Place of Business
7002 APPLEWOOD CT
~~SUITE 204~~
TAMPA FL 33615
US

Mailing Address
7002 APPLEWOOD CT
~~SUITE 204~~
TAMPA FL 33615
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7002 Applewood Ct
Suite, Apt. #, etc.
Suite B.

3. Mailing Address
Suite, Apt. #, etc.
Same

City & State
TAMPA FL

City & State
Same

Zip
33615

Country
USA

4. FEI Number 59-2848248

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFE, DAVID E.
7002 APPLEWOOD CT
TAMPA FL 33615

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 David E. Wolfe DAVID E WOLFE 8/22/00
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, 2000 Min. 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 D ☐ Delete
NAME WOLFE, DAVID E.
STREET ADDRESS 7002 APPLEWOOD COURT
CITY-ST-ZIP TAMPA FL

TITLE P ☐ Delete
NAME WOLFE, DAVID E.
STREET ADDRESS 7002 APPLEWOOD COURT
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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: David E. Wolfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/00)