

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90112 009 ***150.00

DOCUMENT # J94886

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

Principal Place of Business

Mailing Address

7002 APPLEWOOD CT
 SUITE B
 TAMPA FL 33615
 US

7002 APPLEWOOD CT
 SUITE B
 TAMPA FL 33615
 US

925242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7002 APPLEWOOD CT.

7002 APPLEWOOD CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FLORIDA

TAMPA, FLORIDA

Zip

Country

Zip

Country

33615

USA

33615

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

7. Name and Address of New Registered Agent

WOLFE, DAVID E.
7002 APPLEWOOD CT
TAMPA FL 33615

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, Director
 Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/01/01
 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFE, DAVID E.	
STREET ADDRESS	7002 APPLEWOOD COURT	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WOLFE, DAVID E.	
STREET ADDRESS	7002 APPLEWOOD COURT	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: David E. Wolfe **DAVID E. WOLFE, DIR.** 2/01/01 **813**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **886-4688**

CR2E034 (10/00)