2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003229

1. Entity Name

WOLFE ENTERPRISES, LLC

FILED
01 AUG -1 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
18429 SE Wood Haven La. Pinehurst G, Riverbend Tequesta, FL 33469	18429 SE Wood Haven La Pinehurst G, Riverbend Tequesta, FL 33469

2. Principal Place of Business		3. Mailing Address	
18429 SE Wood Haven La		18429 SE Wood Haven La	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Pinehurst G, Riverbend		Pinehurst G, Riverbend	
City & State		City & State	
Tequesta, FL		Tequesta, FL	
Zip	Country	Zip	Country
33469	USA	33469	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3732095 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

H. George Wolfe, Jr.
18429 SE Wood Haven Lane
Pinehurst G, Riverbend
Tequesta, FL 33469

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00!!!
Make Check Payable to Department of State

~~800004513648--8~~
~~-08/03/01--01011--025~~
~~*****50.00 *****50.00~~

9. MANAGING MEMBERS/MEMBERS

TITLE	Managing Member	☐ Delete
NAME	H. George Wolfe, Jr.	
STREET ADDRESS	18429 SE Wood Haven Lane	
CITY-ST-ZIP	Pinehurst G, Riverbend Tequesta, FL 33469	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000004513650--4 -08/03/01--01011--026 *****55.00 *****55.00	☐ Change	☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: H. George Wolfe Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #