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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am P00000025798 DOCUMENT # **Secretary of State** 02-11-2002 90046 006 ***150 00 LONE WOLF MANAGEMENT, INC. Principal Place of Business Mailing Address 2000 SOUTH 27TH HIGHWAY POST OFFICE BOX 38 SOUTH BAY FL 33493 SOUTH BAY FL 33493 2, Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0989859 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, JUDY Street Address (P.O. Box Number is Not Acceptable) 7410 S OCEAN BLVD APT 105 BLDG D JENSEN BEACH FL 34957 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. (9/01)TITLE ☐ Delete TITLE ☐ Change Addition MILLER, JUDY F NAME NAME STREET ADDRESS CR2E034 2000 SOUTH 27TH HIGHWAY STREET ADDRESS CITY-ST-ZIP SOUTH BAY FL 33493 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ST ☐ Delete TITLE NAME MILLER, PAUL R JR. NAME STREET ADDRESS STREET ADDRESS 2000 SOUTH 27TH HIGHWAY CITY-ST-ZIP CITY-ST-ZIP SOUTH BAY FL 33493 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: