

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000042080**1. Entity Name
TIMBER WOLF HOME INSPECTION, INC.Principal Place of Business
101 TALL PINE LN.
NAPLES FL 34105Mailing Address
101 TALL PINE LN.
NAPLES FL 34105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
65-1004429

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMACE TIMOTHY
101 TALL PINE LN.
NAPLES FL 34105**7. Name and Address of New Registered Agent**Name
MACE TIMOTHY L
Street Address (P.O. Box Number is Not Acceptable)
101 TALL PINE LN.
City
NAPLES FL Zip Code
34105

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 **TIMOTHY L. MACE****02/07/2001**

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 \$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**TITLE VS
NAME MACE TERESA G ☐ Delete
STREET ADDRESS 101 TALL PINE LN.
CITY-ST-ZIP NAPLES FL 34105TITLE PT
NAME MACE TIMOTHY ☐ Delete
STREET ADDRESS 101 TALL PINE LN.
CITY-ST-ZIP NAPLES FL 34105TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PT ☒ Change ☐ Addition
NAME MACE TIMOTHY L
STREET ADDRESS 101 TALL PINE LN.
CITY-ST-ZIP NAPLES FL 34105TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Timothy L. Mace

PT

02/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)