2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000090912 1. Entity Name WOLVERINE CONSULTING, INC.						Secretary of State 05-27-2002 90415 006 ***150.00			
Principal Place of Business Mailing Address									
2414 WOODLAND BLVD FT MYERS FL 33907		2414 WOODLAND BLVD FT MYERS FL 33907							
2. Principal Place of Business		3. Mailing Address			1 10011001 111 00111 00111 00111 00111 00111 00110 10110 10110 10110 10110 1011				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City t tate		City & State			4. FEI Number 65-1042805 Applied For Not Applicable				
Zip Country		Zip Count		ry	5. Certificate of S	5. Certificate of Status Desired \$8.75 Additional Fee Required		ditional	
	6. Name and Address of Current	Registered Agent		NI	7. Name and Add	dress of New Register	•		
LAMB, JEFFREY R					ss (P.O. Box Number is	·		,	
NAPLES FL 34108				City	<u>8 106771</u> VAPLES	ANE. N.	FL ^{zi} g g	f08	
SIGNATURE	Stat	FILE NOW!	REY : Registered	R. Las Agent signature req S \$150.00	Lired when reinstating)	1 .		O May Be	يديد
	ria on back)	After May 1, 200 Make Check Payab			Trust Fe	und Contribution.		I to Fees	
11.	OFFICERS AND	DIRECTORS Delete	12.	1	ADDITIONS/CHA	ANGES TO OFFICERS A	AND DIRECTOR		=
NAME STREET ADDRESS CITY-ST-ZIP	ROOST, MICHAEL D 2414 WOODLAND BLVD FT MYERS FL 33907		NAME STREE	T ADDRESS ST-ZIP			Grinings		CR2E034 (9/01)
TITLE NAME STREET ADORESS		☐ Delete	TITLE NAME STREE				Change	Addition	<u>3</u>
CITY - ST-ZIP				ST-ZIP	11	•			
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-	T ADORESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-	T ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-	T ADDRESS ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby company to the street of t	certify that the information supplied with	Delete this filling does not qualify for	CITY-		Section 119.07(3)(i), Fl	orida Statutes. I further	Change	Addition	

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 attackment with an address. With all other like empowered.