

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040225

1. Entity Name  
JOHN STUART WOLF, JR., M.D. P.A.

Principal Place of Business  
9816 CUDDY CT.  
FT. MYERS FL 33919

Mailing Address  
9816 CUDDY CT.  
FT. MYERS FL 33919

2. Principal Place of Business  
1400 Harrison St.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 222027  
Suite, Apt. #, etc.

City & State  
Hollywood, Florida  
Zip  
33020  
Country  
Broward

City & State  
Hollywood, Florida  
Zip  
33022-2027  
Country  
Broward

4. FEI Number ☒ Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LUCAS, ELAINE  
9816 CUDDY CT.  
FT. MYERS FL 33919

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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, 2002 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  
NAME  
D WOLF, JOHN STUART JR  
STREET ADDRESS  
9816 CUDDY CT.  
CITY-ST-ZIP  
FT. MYERS FL 33919 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
P.O. Box 222027  
STREET ADDRESS  
Hollywood, FL 33022-2027 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: John Stuart Wolf, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 Jan, 2002

Date

800-255-1367

Daytime Phone #

FILED  
Jan 11, 2002 8:00 am  
Secretary of State

01-11-2002 90020 041 \*\*\*150.00

700 609



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)