

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90224 042 \*\*\*150.00

**DOCUMENT # P01000078813**

1. Entity Name  
**WOLFFY'S, INC.**

Principal Place of Business  
**9364 ARNAZ CIRCLE**  
**PORT CHARLOTTE FL 33981**

Mailing Address  
**9364 ARNAZ CIRCLE**  
**PORT CHARLOTTE FL 33981**

**00025158**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*Charlotte County, FL*

3. Mailing Address  
*SAA*

City & State  
*SAA*

City & State

4. FEI Number  
**65-1137168**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WOLFF, JAMES E**  
**9364 ARNAZ CIRCLE**  
**PORT CHARLOTTE FL 33981**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>D WOLFF, JAMES E</b>		NAME	
STREET ADDRESS <b>9364 ARNAZ CIRCLE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PORT CHARLOTTE FL 33981</b>		CITY-ST-ZIP	
NAME <b>D WOLFF, LORI A</b>		NAME	
STREET ADDRESS <b>9364 ARNAZ CIRCLE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PORT CHARLOTTE FL 33981</b>		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*01-26-02 (94) VAB-5004*

CR2E034 (9/01)