FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90054 023 ***150.00

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DOCUMENT # P02000006918

1. Entity Name
M.C. Wolfer Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
232 High Point Dr		232 High Point Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Venice, FL		City & State: Venice, FL	
Zip: 34292	Country:	Zip: 34292	Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3601344 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Wolfer, Michael C.
Street Address (P.O. Box Number is Not Acceptable): 232 High Point Dr
City: Venice FL Zip Code: 34292

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/S/T/D
NAME	Wolfer, Michael C.
STREET ADDRESS	232 High Point Dr
CITY-ST-ZIP	Venice, FL 34292
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/03)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Michael C. Wolfer 4/14/04 941-484-3463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #