


FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90165 008 ***150.00

DOCUMENT # P02000046171			
1. Entity Name WOLFE ELECTRIC COMPANY OF CENTRAL FLORIDA			
Principal Place of Business 1820 OLD STABLE POINT CHULUOTA FL 32766-7003		Mailing Address 1820 OLD STABLE POINT CHULUOTA FL 32766-7003	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
WOLFE, THOMAS W 1820 OLD STABLE POINT CHULUOTA FL 32766-7003			Name
			Street Address (If different from above)
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE		(NOTE: Registered Agent signature required)	
Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFE, THOMAS W 1820 OLD STABLE POINT CHULUOTA FL 32766-7003 <input type="checkbox"/> Delete	11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607, F.S., if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., has changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		THOMAS WOLFE, President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			