

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90177 023 ***150.00

DOCUMENT # P02776

1. Entity Name
R.F. WOLTERS CO., INC.



Principal Place of Business
3715 VINELAND ROAD
ORLANDO FL 30071
US

Mailing Address
4585 BERKELEY LAKE ROAD SOUTH
NORCROSS GA 30071



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 58-1093612

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

SIGNATURE *Richard F. Wolters*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1.7.03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003-Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **WOLTERS, RICHARD F.**
STREET ADDRESS **4585 BERKELEY LK RD, S**
CITY-ST-ZIP **NORCROSS GA**

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

TITLE **S** ☒ Delete
NAME **WOLTERS, LORELLEE A.**
STREET ADDRESS **4585 BERKELEY LK RD, S**
CITY-ST-ZIP **NORCROSS GA**

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

TITLE **VP** ☐ Delete
NAME **WOLTERS, GARRETT F.**
STREET ADDRESS **4585 BERKELEY LK RD, S**
CITY-ST-ZIP **NORCROSS GA**

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

TITLE **VP** ☐ Delete
NAME **WOLTERS, GREGORY R**
STREET ADDRESS **4585 BERKELEY LN RD S**
CITY-ST-ZIP **NORCROSS GA**

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

TITLE **SECRETARY** ☐ Delete
NAME **DERRICK FLOYD**
STREET ADDRESS **4585 BERKELEY LAKE RD, S.**
CITY-ST-ZIP **NORCROSS, GA 30071**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 Block 11 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 *1.7.03*

Daytime Phone # *770.449.5835*

CR2E034 (10/02)