

2000 UNIFORM BUSINESS REPORT (UBR)

8/31

FILED

Sep 19, 2000 8:00 am
Secretary of State

08-31-2000 90103 024 ***550.00

DOCUMENT # P33423

1. Entity Name

WOLTERS COMMUNICATION CONTRACTORS, INC. ✓

Principal Place of Business

PO BOX 1269
WATSONVILLE CA 95077
US

Mailing Address

P.O. BOX 1269
WATSONVILLE CA 95077

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-1690542

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

O'BRIEN, FRANK
303 WEST CHAMPMAN RD
STE D216
LUTZ FL 33549

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

c/o CT Corp Sys

1200 South Pine Island Rd

City

Plantation

FL

Zip Code

33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

NASEEM A. CONDE
SPECIAL ASST. SECRETARY

9.14.00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WOLTERS, MONA K. 14220 CAMPAGNA WAY WATSONVILLE CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, JOHN 401 HIGHLAND WAY COPPELL TX 75019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLTERS, ZANE P.O. BOX 1581 WA CAMPBELL CA 95009-1581	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B WOLTERS, WILL 6601 EL GREGO RD #A GOLETA CA 93117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLTERS, TAGE 7630 HANNA GILROY CA 95020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONA WOLTERS 290 BONNIE LN HOLLISTER, CA 95077	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK MOSON 321 SE EVERETT MAIL WAY #M15 EVERETT WA 98208	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REDACTED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-2000

Date

931/725-3651

Delegated Phone #

CR2E034 (5/00)

CT CORPORATION SYSTEM

Doc# P33423
108340

September 14, 2000

49 Stevenson Street

Suite 900

San Francisco, CA 94105

Tel. 415 547 7650

Fax 415 227 0761

Florida Department of State

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Re: Woltcom, Inc

CT Order # 2354423

Dear Ladies/Gentlemen:

Attached is the 2000 Uniform Business Report for the above referenced corporation with the new Registered Agents acceptance signature and a copy of the rejection letter.

Please file as soon as possible and send a copy of the filed report to my attention regular mail. A stamped self-addressed envelope is enclosed for your convenience.

If there is a problem, please contact me at our toll-free number (800)227-4734.

Thank you for your always kind assistance.

Very truly yours,



Tina Perrin

Customer Specialist

Encl:

/tp