

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33423

1. Entity Name
WOLTERS COMMUNICATION CONTRACTORS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90012 028 ***150.00

549773



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
PO BOX 1269 P.O. BOX 1269
WATSONVILLE CA 95077 WATSONVILLE CA 95077
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 94-1690542 Applied For Not Applicable

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 SOUTH PINE ISLAND ROAD
PLANTATION9 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.

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

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, 2001 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

TITLE CP
NAME WOLTERS, MONA K.
STREET ADDRESS 14220 CAMPAGNA WAY
CITY-ST-ZIP WATSONVILLE CA 95077

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME TAYLOR, JOHN
STREET ADDRESS 401 HIGHLAND WAY
CITY-ST-ZIP COPPELL TX 75019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME WOLTERS, MONA K.
STREET ADDRESS 14220 CAMPAGNA WAY
CITY-ST-ZIP WATSONVILLE CA 95077

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Frank Mason
STREET ADDRESS 1803 1/2 ST. S.E.
CITY-ST-ZIP WASHINGTON DC 20003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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: Mona K. Wolters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/30/01 Daytime Phone # 831/728-3651

CR2E034 (10/00)