

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90041 012 ***150.00

DOCUMENT # P94000007800

1. Entity Name

WOLFE, Young, O'BAKER + CO., Inc. ✓
101 Sunnytown Road, Suite 200
Casselberry FL 32707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 Sunnytown Rd

3. Mailing Address

101 Sunnytown Rd

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Casselberry, FL

Zip

FL

Country

USA

City & State

Casselberry, FL

Zip

32707

Country

USA

4. FEI Number

59-3235341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lonnice Young

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

101 Sunnytown Rd

Suite 200

City

Casselberry

FL

Zip Code

32707

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT, S.T.D.
Lonnice Young
101 Sunnytown Rd Ste 200
Casselberry, FL 32707

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02

4073399000

CR2E034B (12/01)