

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90097 001 ***150.00

DOCUMENT # P94000041963

1. Entity Name
THE WOOLF GROUP, INC.

Principal Place of Business
**206 BOSPHOROUS AVENUE
TAMPA FL 33606**

Mailing Address
**206 BOSPHOROUS AVENUE
TAMPA FL 33606**

2. Principal Place of Business
2619 W. Tetton Ave
Suite, Apt. #, etc.

3. Mailing Address
2619 W. Tetton Ave
Suite, Apt. #, etc.

City & State
Tampa, Fla
Zip
33629

Country

City & State
Tampa, Fla
Zip
33629

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3252507**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHEAR, STEPHEN C
206 BOSPHOROUS AVENUE
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2619 W. Tetton Ave
City **Tampa** FL Zip Code **33629**

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)

4/19/01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SHEAR, JEFFREY T	1800 S. ORLANDO AVENUE, SUITE 16	COCOA BEACH FL 32931	<input type="checkbox"/>
D	SHEAR, GERALDINE W	1404 S. DESOTA AVENUE	TAMPA FL 33606	<input type="checkbox"/>
D	SHEAR, STEPHEN C	206 BOSPHOROUS AVENUE	TAMPA FL 33606	<input type="checkbox"/>
D	SHEAR, DIANE R	206 BOSPHOROUS AVE	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1701 Watrous Ave	Tampa, Fla 33606	<input type="checkbox"/>
		1404 S. Desoto		<input type="checkbox"/>
		2619 W. Tetton Ave	Tampa, FL 33629	<input type="checkbox"/>
		2619 W. Tetton Ave	Tampa, FL 33629	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)