2000 UNIFORM BUSINESS REPORT (UBR) Apr 05, 2000 8:00 am Secretary of State DOCUMENT # P95000094829 1. Entity Name WOLFF DESIGN BUILD, INC. 04-05-2000 90106 021 ***150.00 Mailing Address Principal Place of Business INTERSTATE CORPORATE CENTER INTERSTATE CORPORATE CENTER 361 INTERSTATE BLVD 361 INTERSTATE BLVD SARASOTA FL 34240-8685 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0629485 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DESJARLAIS, MARY L Street Address (P.O. Box Number is Not Acceptable) 8075 S BENEVA RD SUITE 5 SARASOTA FL 34238 Zip Code City FL 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TIT) F WOLFF, THEODORE C JR NAME NAME STREET ADDRESS STREET ADDRESS 2060 RACIMO DR CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-7IP Change ▼ Addition TITLE TITLE Frank Ross KELLY, ROBERT NAME NAME .1305 57TH.STREET EAST STREET ADDRESS STREET ADDRESS 1812 81st Street CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34208** Bradenton, FL 34209 ☐ Change ☐ Addition TITLE ☐ Delete TITLE BENNETT, RUSS NAME NAME 7033 13TH STREET EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied indicated on this report or supplemental red mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an officer or director vired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver o changed, or on an attachment with

SIGNATURE:

SIGNATURE AND

Theodore C. WOLL JR 1/21/00 941-379-8400