

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90002 038 \*\*\*150.00

**DOCUMENT # P96000025433**

1. Entity Name

**CLYDE E. WOLFE, P.A.**

Principal Place of Business 1797 OLD MOULTRIE RD SUITE 103 ST AUGUSTINE FL 32086	Mailing Address 1797 OLD MOULTRIE RD SUITE 103 ST AUGUSTINE FL 32084-1618
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>10 Mc MILLAN ST.</b> Suite, Apt. #, etc. <b>SUITE # 1</b> City & State <b>ST. AUGUSTINE FLA</b> Zip <b>32084</b> Country <b>U.S.A.</b>	3. Mailing Address <b>10 Mc MILLAN ST.</b> Suite, Apt. #, etc. <b>SUITE # 1</b> City & State <b>ST. AUGUSTINE FLA</b> Zip <b>32084</b> Country <b>U.S.A.</b>	4. FEI Number <b>59-3385623</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent <b>WOLFE, CCLYDE E</b> <b>1797 OLD MOULTRIE RD SUITE 103</b> <b>ST AUGUSTINE FL 32086</b>	7. Name and Address of New Registered Agent Name <b>WOLFE, CLYDE E. P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10 Mc MILLAN ST.</b> <b>SUITE # 1</b> <b>ST. AUGUSTINE FL 32084</b>
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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: *Clyde E. Wolfe* (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WOLFE, CLYDE E</b> <b>1797 OLD MOULTRIE RD SUITE 103</b> <b>ST AUGUSTINE FL 32086</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete <b>WOLFE, CLYDE E</b> <b>10 Mc MILLAN ST., STE # 1</b> <b>ST. AUGUSTINE FLA 32084</b>
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"/> 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"/> Delete
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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"/> Delete

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Clyde E. Wolfe* **1/4/00** **907-829-3407**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #