

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031872

1. Entity Name
WOLFS HEADS BOOKS, INC.

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

04-16-2001 90009 003 ***150.00

Principal Place of Business
**48 SAN MARCO AVE
SAINT AUGUSTINE FL 32084
US**

Mailing Address
**P.O. BOX 3705
ST. AUGUSTINE FL 32085
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3389734**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**NAILLER, BARBARA E
~~3385 N. COASTAL HWY, #1~~
~~SAINT AUGUSTINE FL 32085-3705~~**

Name
Street Address (P.O. Box Number is Not Acceptable)
200 Salt Grass Court
Ponte Vedra Beach FL 32082

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

Barbara E. Nailler

(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. ADDITIONAL OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **NAILLER, BARBARA E**
STREET ADDRESS **~~3385 N COASTAL HWY, #1~~**
CITY-ST-ZIP **~~ST AUGUSTINE FL~~**

TITLE  **Ms Barbara Nailler** ☒ Change ☐ Addition
NAME **200 Salt Grass Ct**
STREET ADDRESS **Ponte Vedra Beach FL 32082-4554**
CITY-ST-ZIP **address only**

TITLE **S** ☐ Delete
NAME **WOLF, HARVEY J**
STREET ADDRESS **~~3385 N COASTAL HWY, #1~~**
CITY-ST-ZIP **~~ST AUGUSTINE FL~~**

TITLE  **Mr. Harvey Wolf** ☒ Change ☐ Addition
NAME **200 Salt Grass Ct**
STREET ADDRESS **Ponte Vedra Beach FL 32082-4554**
CITY-ST-ZIP **address only**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Barbara E. Nailler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)