

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90027 017 ***150.00

DOCUMENT # P96000049356



1. Entity Name
IRWIN WOLFE & ASSOCIATES, INC.

Principal Place of Business
**9315 N.W. 49TH PLACE
SUNRISE FL 33351**

Mailing Address
**9315 N.W. 49TH PLACE
SUNRISE FL 33351**



2. Principal Place of Business
6529 Piemonte Dr.
Suite, Apt. #, etc.

3. Mailing Address
6529 Piemonte Dr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Boynton Bch, FL
Zip
33437
Country
USA

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Boynton Bch, FL
Zip
33437
Country
USA

4. FEI Number **65-0678287**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**WOLFE, IRWIN
9315 N.W. 49TH PLACE
SUNRISE FL 33351**

7. Name and Address of New Registered Agent
Name **IRWIN WOLFE**
Street Address (P.O. Box Number is Not Acceptable)
6529 Piemonte Dr.
City **Boynton Beach** FL Zip Code **33437**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **IRWIN WOLFE**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D IRWIN, WOLFE 9315 NW 49 PLACE SUNRISE FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D IRWIN WOLFE 6529 Piemonte Dr Boynton Bch, FL 33437 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **IRWIN WOLFE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **1/3/03** Daytime Phone # **561-369-4450**

CR2E034 (10/02)