

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000052223**

1. Entity Name

WOLTER, INC.**FILED**
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90092 031 ***150.00

Principal Place of Business

600 N. THACKER AVE.
A14
KISSIMMEE FL 34741
US

Mailing Address

P.O. BOX 422636
KISSIMMEE FL 34742-2636
US

2. Principal Place of Business

600 N. THACKER AVE

3. Mailing Address

Suite, Apt. #, etc.
D38

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL 34741

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3376831

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WOLTER, ANA M
2028 TRINIDAD COURT
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WOLTER, ANA M	
STREET ADDRESS	2028 TRINIDAD COURT	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLTER, HERBERT E	
STREET ADDRESS	2028 TRINIDAD COURT	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana M Wolter - Presidente

04/18/01

Day

Daytime Phone #

CR2E034 (10/00)