2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90103 015 ***158.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000054869

1. Entity Name
TIMBERWOLF, INC.

Principal Place of Business	Mailing Address
7375 BAYWOODS LANE PENSACOLA FL 32504	7375 BAYWOODS LANE PENSACOLA FL 32504

2. Principal Place of Business	3. Mailing Address
3119 Albert Ct.	3119 Albert Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL.	City & State: Pensacola, FL.
Zip: 32504 / Country: Escambia	Zip: 32504 / Country: Escambia

4. FEI Number 59-3386183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEATH, ROBERT N JR
4300 BAYOU BLVD.
SUITE 7
PENSACOLA FL 32591

7. Name and Address of New Registered Agent

Name DI

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 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	DP BENSON, WILLIAM R 7375 BAYWOODS LANE PENSACOLA FL 32504	☐ Delete	-Same- -Same- 3119 Albert Ct. Pensacola, FL. 32504	☑ Change ☐ Addition (Address only)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BENSON, EILEEN C 7375 BAYWOODS LANE PENSACOLA FL 32504	☐ Delete	-Same- -Same- 3119 Albert Ct. Pensacola, FL. 32504	☑ Change ☐ Addition (Address only)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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] Eileen C. Benson 4/18/01 1-850 434-8617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #