

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90096 034 ***550.00

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DOCUMENT # P96000063460

1. Entity Name
GIL WOLFE ENTERPRISES, INC.



Principal Place of Business
**4030 STONEY POINT ROAD
MELBOURNE FL 32940
US**

Mailing Address
**4030 STONEY POINT ROAD
MELBOURNE FL 32940
US**

2. Principal Place of Business

852 Coral Springs St.

3. Mailing Address

852 Coral Springs St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32940

Country

Brevard, US

Zip

32940

Country

USA

4. FEI Number **59-3414344**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WOLFE, FREDERICK G PRES.
4030 STONEY POINT ROAD
MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

Name **Wolfe, Frederick G. President**

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

852 Coral Springs St.

City

Melbourne

FL

Zip Code

32940

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **D** ☐ Delete
NAME **WOLFE, FREDERICK G**
STREET ADDRESS **4030 STONEY POINT ROAD**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Wolfe, Frederick G.**
STREET ADDRESS **852 Coral Springs St.**
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Christine Kremer**
STREET ADDRESS **852 Coral Springs St.**
CITY-ST-ZIP **Melbourne, FL 32940**

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK G. WOLFE PRESIDENT

8/20/03 321-751-1421

Date

Daytime Phone #

CR2E034 (4/03)