

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082815

1. Entity Name  
TURTLE-WOLF, INC.

Principal Place of Business

1818 BLUFF OAK ST  
APOPKA FL 32712

Mailing Address

1818 BLUFF OAK ST  
APOPKA FL 32712

2. Principal Place of Business  
170 Bloxham Avenue

3. Mailing Address  
170 Bloxham Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orange City, FL 32763

City & State  
Orange City, FL 32763

4. FEI Number 59-3422565

Applied For  
Not Applicable

Zip 32763 Country U.S. A.

Zip 32763 Country U.S.A.

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

6. Name and Address of Current Registered Agent

CHMIELARSKI, MARK J  
950 S WINTER PK DR  
STE 200  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

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

170 Bloxham Avenue

City Orange City FL Zip Code 32763

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

*Mark J. Chmielarski* Mark J. CHMIELARSKI

4-30-01

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

(NOTE: Registered Agent signature required when re-statuting)

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

TITLE D  
NAME HARRIS, SAMUEL R  
STREET ADDRESS 11890 STRADFORD WOOD  
CITY-ST-ZIP ROSWELL GA 30076 ☐ Delete

TITLE S  
NAME CHMIELARSKI, MARK J  
STREET ADDRESS 950 S WINTER PK DR, STE 200  
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 to an address, with all other like empowered.

SIGNATURE

*Mark J. Chmielarski*

Mark J. Chmielarski as Sec., 04-30-01, 386-774-6552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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