2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P96000083554

1. Entity Name

WOLFGANG ENTERPRISES, INCORPORATED



Apr 14, 2003 8:00 am § Secretary of State **FILED**

04-14-2003 90363 011 ***150.00

				l l					
Principal Place of Business 803 E. BRANDON BLVD. BRANDON FL 33511 US		Mailing Address 2110 LAINDALE PLACE VALRICO FL 33594 US 3. Mailing Address				x : 1886-12			
2. Principal Place of Business				1 		88181 191 ₉ 8 11181 11			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State		1 19-34 14548		Applied For Not Applicable		
Zip		Country	Zip	Country		5. Certificate of	Status Desired	\$9.75	Additional
	_ 6. Name	and Address of Curren	t Registered Agent			_ ூ7. Name and Ad	dress of New Registe	red Agent	
				1	Name				
SCHAUB.	JOHN A.								
	NDALE PLAC	F		Street Address (P.C		(P.O. Box Number is	Not Acceptable)		
		L		-					
VALRICO	FL 33594								
					City		. <u>-</u>	FL Zip C	ode
8. The above the obliga SIGNATURE	tions of registe	red agent.	for the purpose of changing it	s registered o	office or regist	ered agent, or both, i	n the State of Florida.	am familiar wi	th, and accept
	Signature, typed o	r printed name of registered agen	at and title if applicable. (NO	TE: Registered Age	ent signature requir	ed when reinstating)	D	ATE	 -
		FEE IS \$150.00				S. Floori	C	, ér	00
Make Chec		3 Fee will be \$550.00 Florida Department of	of State	I 11		Trust I	on Campaign Financing Fund Contribution.	☐ Add	.00 May Be ded to Fees
Make Chec	k Payable to		D DIRECTORS	11.		Trust I		AND DIRECTO	DRS IN 11
Make Chec 10.	k Payable to	Florida Department of OFFICERS AND	of State	TITLE		Trust I	Fund Contribution.	☐ Add	DRS IN 11
Make Checi 10. TITLE NAME	PD SCHAUB, K	Florida Department of OFFICERS AND SENNETH A	D DIRECTORS	TITLE NAME	DDBESS	Trust I	Fund Contribution.	AND DIRECTO	DRS IN 11
Make Chec 10. TITLE NAME STREET ADDRESS	PD SCHAUB, K	OFFICERS AND SENNETH A S ROAD	D DIRECTORS	TITLE NAME STREET AL	l l	Trust I	Fund Contribution.	AND DIRECTO	DRS IN 11
Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD SCHAUB, K 5205 PLES: PLANT CIT	Florida Department of OFFICERS AND SENNETH A S ROAD Y FL 33565	D DIRECTORS	TITLE NAME STREET AG CITY-ST-	l l	Trust I	Fund Contribution.	AND DIRECTO	DRS IN 11 e
Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J	Florida Department of OFFICERS AND SENNETH A S ROAD Y FL 33565	O DIRECTORS Delete	TITLE NAME STREET AG CITY-ST- TITLE NAME	ZIP	Trust I	Fund Contribution.	AND DIRECTO	DRS IN 11 e
Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	O DIRECTORS Delete	TITLE NAME STREET AG CITY-ST- TITLE NAME STREET AG	DDRESS	Trust I	Fund Contribution.	AND DIRECTO	DRS IN 11 e
Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J	Florida Department of OFFICERS AND SENNETH A SENDENT S	O DIRECTORS Delete	TITLE NAME STREET AG CITY-ST- TITLE NAME	DDRESS	Trust I	Fund Contribution.	AND DIRECTO	DRS IN 11 e
Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	O DIRECTORS Delete	TITLE NAME STREET AG CITY-ST- TITLE NAME STREET AG	DDRESS	Trust I	Fund Contribution.	AND DIRECTO	DRS IN 11 e Addition e Addition
Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	D DIRECTORS Delete	TITLE NAME STREET AI CITY-ST- TITLE NAME STREET AC CITY-ST-	DDRESS	Trust I	Fund Contribution.	AND DIRECTO	DRS IN 11 e Addition e Addition
Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	D DIRECTORS Delete	TITLE NAME STREET AI CITY-ST- TITLE NAME STREET AI CITY-ST-	DDRESS ZIP	Trust I	Fund Contribution.	AND DIRECTO	DRS IN 11 e Addition e Addition
Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	D DIRECTORS Delete	TITLE NAME STREET AI CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE NAME	DDRESS ZIP	Trust I	Fund Contribution.	AND DIRECTO	DRS IN 11 e Addition e Addition
Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	D DIRECTORS Delete	TITLE NAME STREET AI CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE NAME STREET AC STREET AC	DDRESS ZIP	Trust I	Fund Contribution.	AND DIRECTO	DRS IN 11 e Addition e Addition
Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	D DIRECTORS Delete Delete	TITLE NAME STREET AI CITY-ST- TITLE NAME STREET AI CITY-ST- TITLE NAME STREET AC CITY-ST-	DDRESS ZIP	Trust I	Fund Contribution.	AND DIRECTO	DRS IN 11 e
Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	D DIRECTORS Delete Delete	TITLE NAME STREET AI CITY-ST- TITLE NAME STREET AI CITY-ST- TITLE NAME STREET AI CITY-ST- TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	DDRESS ZIP DDRESS ZIP	Trust I	Fund Contribution.	AND DIRECTO	DRS IN 11 e Addition e Addition
Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	D DIRECTORS Delete Delete	TITLE NAME STREET AI CITY-ST- TITLE NAME STREET AI CITY-ST- TITLE NAME STREET AI CITY-ST- TITLE NAME NAME NAME	DDRESS ZIP DDRESS ZIP DDRESS ZIP	Trust I	Fund Contribution.	AND DIRECTO	DRS IN 11 e Addition e Addition
Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	D DIRECTORS Delete Delete Delete	TITLE NAME STREET AI CITY- ST- CITY- ST-	DDRESS ZIP DDRESS ZIP DDRESS ZIP	Trust I	Fund Contribution.	AND DIRECTO Change Change	DRS IN 11 e
*Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	D DIRECTORS Delete Delete	TITLE NAME STREET AI CITY- ST- TITLE	DDRESS ZIP DDRESS ZIP DDRESS ZIP	Trust I	Fund Contribution.	AND DIRECTO	DRS IN 11 e
*Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	D DIRECTORS Delete Delete Delete	TITLE NAME STREET AI CITY-ST- TITLE NAME	DDRESS ZIP DDRESS ZIP DDRESS ZIP	Trust I	Fund Contribution.	AND DIRECTO Change Change	DRS IN 11 e
*Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	D DIRECTORS Delete Delete Delete	TITLE NAME STREET AI CITY- ST- TITLE	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	Trust I	Fund Contribution.	AND DIRECTO Change Change	DRS IN 11 e
*Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	D DIRECTORS Delete Delete Delete Delete Delete	TITLE NAME STREET AI CITY-ST- TITLE NAME	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	Trust I	Fund Contribution.	AND DIRECTO Change Change	DRS IN 11 e
*MAKE Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	D DIRECTORS Delete Delete Delete	TITLE NAME STREET AI CITY-ST- TITLE NAME	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	Trust I	Fund Contribution.	AND DIRECTO Change Change	DRS IN 11 e
*Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAUB, K 5205 PLES PLANT CIT VTSD SCHAUB, J 2110 LAINE	Florida Department of OFFICERS AND SENNETH A SENDENT S	D DIRECTORS Delete Delete Delete Delete Delete	TITLE NAME STREET AI CITY-ST- TITLE NAME	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	Trust I	Fund Contribution.	AND DIRECTO Change Change	DRS IN 11 e

12. I hereby certify that the information supplied with this filling 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: