

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000026702**

1. Entity Name

WOLFSHIRE PRODUCTIONS, INC.**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90716 043 ***150.00

0051389

Principal Place of Business

**2022 SUNSET RD
MOUNT DORA FL 32757**

Mailing Address

**2022 SUNSET RD
MOUNT DORA FL 32757**

2. Principal Place of Business

37006 N. THRILL HILL RD.

3. Mailing Address

37006 N. THRILL HILL RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EUSTIS, FL

City & State

EUSTIS, FL

Zip

32736

Country

Zip

32736

Country

4. FEI Number **65-0742091**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SACHAROW, JAAREN D
2022 SUNSET RD
MOUNT DORA FL 32757**

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 State**10. Election Campaign Financing
Trust Fund Contribution, ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SACHAROW, JAAREN D	
STREET ADDRESS	2022 SUNSET RD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	SACHAROW, CHLOE	
STREET ADDRESS	2022 SUNSET RD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHAROW, JAAREN D.	
STREET ADDRESS	37006 N. THRILL HILL RD.	
CITY-ST-ZIP	EUSTIS, FL 32736	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHAROW, CHLOE	
STREET ADDRESS	37006 N. THRILL HILL RD.	
CITY-ST-ZIP	EUSTIS, FL 32736	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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

Date

Daytime Phone #

759358

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)