2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am Secretary of State DOCUMENT # **P97000067220** RANDY WOLF AIR CONDITIONING, INC. 03-06-2001 90330 013 ***150.00 Principal Place of Business Mailing Address 12350 S BELCHER RD. 1801 OAK CREEK CREEK DR BLDG #6 UNIT C DUNEDIN FL 34698 LARGO FL 33773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3458344 Not Applicable Zip Country 7ip Country \$8.75 Additional 5. Certificate of Status Desired Fee:Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLF, RANDY Street Address (P.O. Box Number is Not Acceptable) 1801 OAK CREEK DR **DUNEDIN FL 34698** Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: negistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. fter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) e Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE 3R2E034 (10/00) ☐ Change ☐ Addition NAME WOLF, RANDY NAME STREET ADDRESS 1801 OAK CREEK DR STREET ADDRESS CITY-ST-ZIP DUNEDIN FL 34698 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

MELL K. WOLF ot 2-28-0/ (72

FILED