

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034454

1. Entity Name

LONEWOLF CONSULTING & DEVELOPMENT, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90022 036 \*\*\*550.00

Principal Place of Business

4404 S. 50TH STREET  
TAMPA FL 33619  
US

Mailing Address

4404 S. 50TH STREET  
TAMPA FL 33619  
US

2. Principal Place of Business

4508 Oak Fair Blvd.

3. Mailing Address

4508 Oak Fair Blvd.

Suite, Apt. #, etc.  
Suite 100

Suite, Apt. #, etc.  
Suite 100

City & State  
Tampa, Florida

City & State  
Tampa, Florida

4. FEI Number 59-3516772

Applied For

Not Applicable

Zip  
33610

Country  
USA

Zip  
33610

Country  
USA

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUNCO, MANUEL  
5041 W. CYPRESS STREET  
#100  
TAMPA FL 33607

Name  
Dan Haya

Street Address (P.O. Box Number is Not Acceptable)  
9205 Connechusett Road

City Tampa FL Zip Code 33617

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

*Daniel Haya*

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

(NOTE: Registered Agent signature required when reinstating)

9/8/00  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVS ☐ Delete  
NAME CARROLL, MAC  
STREET ADDRESS 3402 N 40TH ST  
CITY-ST-ZIP TAMPA FL 33605

TITLE P/V/T/S/D ☒ Change ☐ Addition  
NAME Carroll, Mac  
STREET ADDRESS 4508 Oak Fair Blvd., Suite 100  
CITY-ST-ZIP Tampa, Florida 33610

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

*MAC CARROLL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00  
Date

813 622 6886  
Daytime Phone #

CR2E034 (5/00)