

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91401 045 ***150.00

0688899 AT

DOCUMENT # P98000049587

1. Entity Name
WOLVERINE FRAMING, INC.



Principal Place of Business
**8236 BUNKER HILL RD.
DUETTE FL 33834**

Mailing Address
**8236 BUNKER HILL RD.
DUETTE FL 33834**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0838144**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATZENBERGER, ROBERT H
3107 35TH AVE W
BRADENTON FL 34205**

Name **KATZENBERGER ROBERT H**
Street Address (P.O. Box Number is Not Acceptable)
8236 BUNKER HILL RD
City **DUETTE** FL Zip Code **33834**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **KATZENBERGER, ROBERT H**
STREET ADDRESS **8236 BUNKER HILL RD.**
CITY-ST-ZIP **DUETTE FL 33834**

TITLE **PD** ☒ Change ☐ Addition
NAME **KATZENBERGER ROBERT H**
STREET ADDRESS **8236 BUNKER HILL RD**
CITY-ST-ZIP **DUETTE FL 33834**

TITLE **TSD** ☐ Delete
NAME **KATZENBERGER, ROBERT (ROB) H II.**
STREET ADDRESS **1818 43RD ST W**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **TSD.** ☒ Change ☐ Addition
NAME **KATZENBERGER ROBERT H II**
STREET ADDRESS **7619 MAUETTE AVE W**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Katzenberger**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 **941-776-2783**
Date Daytime Phone #

CR2E034 (10/02)