

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000092250**

1. Entity Name

TIMBERWOLF AND THE NATIONAL CORPORATION**FILED**
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90211 023 ***150.00

Principal Place of Business

**28 PELICAN DR. EAST
OLDSMAR FL 34677**

Mailing Address

**28 PELICAN DR. EAST
OLDSMAR FL 34677-2543**

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 **59-3539963**

Applied For

Not Applicable

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

**BISHOP, ROBERT C
3974 TAMPA RD.
OLDSMAR FL 34677**Name **BRYAN A. Mutchins**

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

**3974 TAMPA ROAD
SUITE 1**City **OLDSMAR** **FL** Zip Code **34677**

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

Bryan A. Mutchins

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABIANO, FRANCES M 28 PELICAN DR. EAST OLDSMAR FL 34677 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABIANO, VITO J 28 PELICAN DR. EAST OLDSMAR FL 34677 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABIANO, KIMBERLY 28 PELICAN DR. EAST OLDSMAR FL 34677 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID FABIANO 28 PELICAN DR. EAST OLDSMAR FL 34677 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *X David Fabiano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)