

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90781 010 \*\*\*150.00

039560 AV

**DOCUMENT # P98000107348**

1. Entity Name

**JUBILEE YEARS, INCORPORATED**

Principal Place of Business

**275 PALM AVE #A-101  
JUPITER FL 33477**

Mailing Address

**275 PALM AVE #A-101  
JUPITER FL 33477**

2. Principal Place of Business

**16671 TRADERS CROSSING N  
Suite, Apt. #, etc. 222**

3. Mailing Address

**16671 TRADERS CROSSING N  
Suite, Apt. #, etc. 222**

DO NOT WRITE IN THIS SPACE

City & State

**JUPITER, FL**

City & State

**JUPITER, FL**

4. FEI Number

**74-2899552**

Applied For

Not Applicable

Zip

**33477**

Country

Zip

**33477**

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOLF, PHILIP R  
275 PALM AVE #A-101  
JUPITER FL 33477**

7. Name and Address of New Registered Agent

Name **PHILIP R WOLF**

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

**16671 TRADERS CROSSING N - 222**

City

**JUPITER**

**FL**

Zip Code

**33477**

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

**PHILIP R WOLF**

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

(NOTE: Registered Agent signature required when resigning)

**4-1-02**

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, 2002 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** ☐ Delete  
NAME **WOLF, PHILIP R**  
STREET ADDRESS **275 PALM AVE #A-101**  
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **DP** ☐ Delete  
NAME **WOLF, BETTY J**  
STREET ADDRESS **275 PALM AVE #A-101**  
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **WOLF PHILIP R**  
STREET ADDRESS **16671 TRADERS CROSSING N - 222**  
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **DP** ☒ Change ☐ Addition  
NAME **BETTY J. WOLF**  
STREET ADDRESS **16671 TRADERS CROSSING N - 222**  
CITY-ST-ZIP **JUPITER, FL 33477**

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

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

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

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:

**Betty J. Wolf**  
**BETTY J. WOLF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-1-02**

Date

Daytime Phone #

**(561) 744-0916**

CR2E034 (9/01)