

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90095 036 ***150.00

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DOCUMENT # P99000003815

1. Entity Name

WILLIAM C. WOLSKE, CPA, P.A.

Principal Place of Business

Mailing Address

~~474 N HARBOR CITY BLVD.~~
~~MELBOURNE FL 32935~~

~~474 N HARBOR CITY BLVD.~~
~~MELBOURNE FL 32935~~

00013313

2. Principal Place of Business

121 E. Hibiscus Blvd

3. Mailing Address

121 E. Hibiscus Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne Florida

City & State

Melbourne Florida

4. FEI Number

59-3554029

Applied For

Not Applicable

Zip

32901

Country

Brevard

Zip

32901

Country

Brevard

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

WOLSKE, WILLIAM C

~~474 N HARBOR CITY BLVD.~~

~~MELBOURNE FL 32935~~

Name **WOLSKE, WILLIAM C.**

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

121 E. Hibiscus Blvd

City

MELBOURNE

FL

Zip Code

32901

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 **William C. Wolske**
WILLIAM C. WOLSKE

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

(NOTE: Registered Agent signature required when reinstating)

11/31/2001
 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, 2001 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 **PD** ☐ Delete
 NAME **WOLSKE, WILLIAM C**
 STREET ADDRESS **230 MAPLE DR.**
 CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: **William C. Wolske President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/31/2001
 Date

321-254-6100
 Daytime Phone #

CR2E034 (10/00)