

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

0545089 AV

03-25-2002 90096 041 \*\*\*150.00

**DOCUMENT # P990000012791**

1. Entity Name  
**WOLF ENTERPRISES, INC.**

Principal Place of Business  
**1829 28 ST. N.**  
**ST PETERSBURG FL 33713**

Mailing Address  
**4166 CHESTERFIELD CIRCLE**  
**PALM HARBOR FL 34683**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1739 28th Street N**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5401 Central Ave.**  
 Suite, Apt. #, etc.

City & State  
**St. Petersburg, FL**

City & State  
**St. Petersburg, FL**

Zip  
**33713**

Country

Zip  
**33710**

Country

4. FEI Number **59-3559355**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**RUCH, WOLFGANG**  
**4166 CHESTERFIELD CIRCLE**  
**PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent  
 Name  
**Carol McAtee, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5401 Central Ave.**  
 City  
**St. Petersburg, FL** Zip Code  
**33710**

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 *Carol McAtee* *CAROL M'ATEE* *3/4/02*  
 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. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RUCH, WOLFGANG</b> <b>4166 CHESTERFIELD CIRCLE</b> <b>PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RUCH, GERALDINE</b> <b>4166 CHESTERFIELD CIRCLE</b> <b>PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1850 35th Street N.</b> <b>St. Petersburg, FL 33713</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1850 35th Street N.</b> <b>St. Petersburg, FL 33713</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **3.8.02** **727 323 7897**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/01)