

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033989

1. Entity Name

WOLVERINE SOUTH, INC.

Principal Place of Business 1625 N. OLD DIXIE HWY. JUPITER FL 33469	Mailing Address 1625 N. OLD DIXIE HWY. JUPITER FL 33469
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SCHIRLE, JOHN G JR
23 STARBOARD WAY
TEQUESTA FL 33469

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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 _____
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, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIRLE, JOHN G JR. 49033 FOX DRIVE, NORTH PLYMOUTH MI 48170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P 23 STARBOARD WAY TEQUESTA FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T. LORI SCHIRLE 23 STARBOARD WAY TEQUESTA FL 33469
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/20/01

561-747-0403

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90351 024 ***150.00

00040578



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)