

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # P99000082124

1. Entity Name

LIVELY WOLFE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

03-13-2000 90026 019 ***150.00

Principal Place of Business

253 WEST SEAVIEW CIRCLE
MARATHON FL 33050

Mailing Address

253 WEST SEAVIEW CIRCLE
MARATHON FL 33050-3835

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

45-094-8007

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

WOLFE, JOHN J
2975 OVERSEAS HIGHWAY
MARATHON FL 33050

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, 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

TITLE	DIRECTOR, PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVID L. NELLY	
STREET ADDRESS	154 INDEPENDENCE	
CITY-ST-ZIP	BIG PINE KEY, FL. 33043	
TITLE	VICE PRES., SECY, DIRECTOR	<input type="checkbox"/> Delete
NAME	JOHN WOLFE	
STREET ADDRESS	253 W. SEAVIEW CIRCLE	
CITY-ST-ZIP	MARATHON, FL. 33050	
TITLE	VICE PRES., TREASURER, DIRECTOR	<input type="checkbox"/> Delete
NAME	JOHN WOLFE	
STREET ADDRESS	253 W. SEAVIEW CIRCLE	
CITY-ST-ZIP	MARATHON, FL. 33050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID L. NELLY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V, S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN WOLFE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN WOLFE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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

Date

Daytime Phone #

2/21/00 305-743-0101

CR2E034 (9/99)