

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90038 046 ***150.00

DOCUMENT # P99000082124

1. Entity Name
LIVELY WOLFE, INC.

Principal Place of Business
**253 WEST SEAVIEW CIRCLE
MARATHON FL 33050**

Mailing Address
**253 WEST SEAVIEW CIRCLE
MARATHON FL 33050**

2. Principal Place of Business
1100 Indies Drive South
Suite, Apt. #, etc.

3. Mailing Address
1100 Indies Drive South
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0948007**

Applied For
Not Applicable

Zip Country

Zip Country

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, 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 **DP** ☐ Delete
NAME **LIVELY, DAVID**
STREET ADDRESS **29544 INDEPENDENCE**
CITY-ST-ZIP **BIG PINE KEY FL 33043**

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

TITLE **VPSD** ☐ Delete
NAME **WOLFE, JOHN**
STREET ADDRESS **253 WEST SEAVIEW CIRCLE**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1100 Indies Drive South**
CITY-ST-ZIP

TITLE **VPTD** ☐ Delete
NAME **WOLFE, KAREN**
STREET ADDRESS **253 WEST SEAVIEW CIRCLE**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1100 Indies Drive South**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Wolfe, Vice President

Date

Daytime Phone #

1/8/00

305/743-9427

CR2E034 (10/00)