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

## DOCUMENT # **P99000092465**

1. Entity Name

WOLF INVESTIGATIVE SPECIALISTS INC.

HOPKINS, LESLEIGH

38333 CR 439... **EUSTIS FL 32736** 

Principal Place of Business Mailing Address PO BOX 181724 38333 CR 439 CASSELBERRY FL 32718-1724 EUSTIS FL 32736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country

5. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

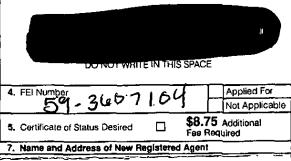
FILED Jun 16, 2000 8:00 am **Secretary of State** 

05-05-2000 90088 032 \*\*\*150.00

Zip Code

(66/6)

FL



SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Flection Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE President TITLE NAME NAME Leoleigh Hopk n5 38333 CR489 Enstrs FL 32136 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change V- President/Secratum Delete TITLE TITLE NAME NAME Stephanne Smith STREET ADDRESS STREET ADDRESS 38333 CP 439 CITY-ST-ZIP CITY-ST-ZIP Enstis PL ☐ Change ☐ Addition Delete .. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

Name

City

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.