FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90190 029 ***150.00

| DOCUMENT # SOV975 | | | 04-16-2003 90190 029 ***150.00 | |
|---|--|--|--|--|
| 1. Entity Name | , , | | | |
| 1. Entity Name WOLFE DUNBING INC | | | | |
| , - , | • | V | 9000000 | ^ |
| | | | 90089320 | y |
| DO NOT WRITE IN THIS SPACE | | | | |
| | | | | |
| 2. Principal Place of Business | 3. Mailing Address | CONTRACTOR AND | | |
| 1089 NW CR 138 | | DO NOT WINTE IN THIS SPACE | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
| BRANFORD FC | City & State | | 4. FEI-Number 0 ~ 4748 | Applied For |
| | Zip | Country | <u> </u> | Not Applicable \$8.75 Additional |
| 3 2008 Country C. 54 | | _ | 3. Certificate of Status Desired | Fee Required |
| | | | 7. Name and Address of Current Registered | Agent |
| | | Name Sc | off WOCFE | |
| DO NOT WRITE | | Street Address | ss (P.O. Box Number is Not Acceptable) | |
| IN THIS SE | PACE | | , | |
| | | City As | AD FADA FL | Zip Code |
| | | | 1000 | Zip Sode 00 8 |
| The above named entity submits this statement for | or the purpose of changing is | s registered onice or register | red agent, or both, in the State of Fibrida. | |
| SIGNATURE | | | | |
| Sign-icare, type-dior printed name of registered agent | and little if applicable. (NO) | E: Registered Ageni signature regulred | when reinstating) DATE | , |
| 9. This corporation is eligible to satisfy its Intangible | | /ay:11Fee ls)\$150:00 | 10. Election Campaign Financing | \$5.00 May Be |
| Tax filing requirement and elects to do so. (See criteria on back) | Amende | d(UBR is \$61:25 + 644) | Trust Fund Contribution. | |
| 11. OFFICERS AND | September 1 to 1 t | ble to Department of Sta | TO ENGINEER TO THE PROPERTY OF | |
| TITLE D | | THE LAND OF THE LOCAL PROPERTY OF THE LOCAL | | THE REPORT OF |
| NAME SCOTT WOLFE STREET ADDRESS 1089 NW CR 138 | | NAME OF THE SECOND | | 17 - 18 - 18 - 18 - 18 - 18 - 18 - 18 - |
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| NAME VIRTINIA WO/FE | | NAME () Section (| | |
| STREET ADDRESS 1089 NW CR 613 | , | STREET ADDRESS | | |
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| NAME | | NAME THE PLANE | | |
| STREET ADDRESS CITY ST- AP | | STREET ADDRESS | | |
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| TIFLE NAME | _ | NAME TO THE RESERVE | | |
| STREET ADDRESS | • | STREET ADDRESS A | | |
| CHY-S1-ZIP | | TOTA 2T SING THE CAN | | 建筑和 |
| 13. Thereby certify that the information supplied with indicated on this report or supplemental report is | i this filing does not qualify fo strue and accurate and that i | ir the exemption stated in Se my signature shall have the : | ection (19.07(3)(i), Florida Statutes, Ffurther cert same legal effect as if made under oath; that I a | im 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 on an attachment with an address with all other like empowered.

SIGNATURE:

CR2E034B (12/01)