

**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 # **S02975**

1. Entity Name
WOLFE PLUMBING INC ✓

90089320

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1089 NW CR 138

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BRANFORD FL

City & State
Suite, Apt. #, etc.

Zip
32008

Country
U.S.A.

4. FEI Number
65-044798

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Scott Wolfe

Street Address (P.O. Box Number is Not Acceptable)
1089 NW CR 138

City
BRANFORD

State
FL

Zip Code
32008

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 _____ (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) ☐

January 1 - May 15 Fee is \$150.00
After May 15 Fee is \$550.00
Amended UBR is \$61.25
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	D
NAME	SCOTT WOLFE
STREET ADDRESS	1089 NW CR 138
CITY- ST- ZIP	BRANFORD FL 32008
TITLE	S
NAME	VIRGINIA WOLFE
STREET ADDRESS	1089 NW CR 138
CITY- ST- ZIP	BRANFORD FL 32008
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: **SCOTT WOLFE (PRES)** **4-10-03 386-93540614**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)