

DOCUMENT # **S18727**
Entity Name
WOLF AQUA RANGE OF PORT ST. LUCIE, INC.

FILED

02 NOV

02 NOV -5 AM 9:42

Principal Place of Business

MICHAEL KEELER
PO BOX 1809
HOBE SOUND FL 33455

Mailing Address

MICHAEL KEELER
PO BOX 1809
HOBE SOUND FL 33455
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0239691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEELER, MICHAEL
10314 SW FICUS LN
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]
9/28/02

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

1. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
KEELEN, MICHAEL
10314 SE FICUS LN
HOBE SOUND FL 33455

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FERN, HOWARD
1040 E FIFTH ST
STUART FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500008794735
11/05/02--01012--013

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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

Date

Daytime Phone #

[Signature]
9/28/02 561-546-5179

Port St. Lucie R.V. Resort



11/31/2002

Dear Sirs,

On approximately 9/30/02 I sent in 2 uniform business reports with two checks for \$550.00 in the same envelope. One was for a FerKee Inc. Doc # P9800103917 and the other business report was for the Golf Aqua Range of Port St Lucie Inc. Doc# S18727. It appears that one has not been processed or is lost. I have put a stop payment on the check for the Golf Aqua Range Inc. And am enclosing another check for the amount of \$550.00. If you check your records you will see that you received the report for Ferkee Inc on or about 9/30/2002. Hoping that this rectifies the problem.

Michael Keeler