

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V50350

1. Entity Name

RECONDITIONING UNLIMITED BY WOLF, INC.

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90283 001 \*\*\*150.00

UUU11000



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9397 116TH AVENUE NORTH LARGO FL 34643-4640	9397 116TH AVENUE NORTH LARGO FL 33773

2. Principal Place of Business	3. Mailing Address
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-3134965	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MAYORGA, JULIO E. 9261 SEMINOLE BLVD., N SEMINOLE FL 34642

7. Name and Address of New Registered Agent		
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	
TITLE	D <input type="checkbox"/> Delete
NAME	SCHUSSER, WOLFGANG A.
STREET ADDRESS	9397 116TH AVENUE N
CITY-ST-ZIP	LARGO FL
TITLE	D <input type="checkbox"/> Delete
NAME	SCHUSSER, MARIANNE
STREET ADDRESS	9397 116TH AVENUE N
CITY-ST-ZIP	LARGO FL
TITLE	D <input type="checkbox"/> Delete
NAME	SCHUSSER, YVONNE
STREET ADDRESS	9397 116TH AVENUE N
CITY-ST-ZIP	LARGO FL
TITLE	D <input type="checkbox"/> Delete
NAME	SCHUSSER, THOMAS
STREET ADDRESS	9897 116TH AVE. N.
CITY-ST-ZIP	LARGO FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1-24-01

727-538-2180

CR2E034 (10/00)