2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90035 021 ***150.00

0325059

DOCUMENT # P00000051171

1. Entity Name
WISTERIA MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
340 ROYAL POINCIANA WAY, SUITE 340 PALM BCH FL 33480	340 ROYAL POINCIANA WAY, SUITE 340 PALM BCH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6198 Winding Lake Dr.	6198 Winding Lake
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter FL	City & State: Jupiter FL
Zip: 33458 Country: Palm Bch	Zip: 33459 Country: Palm Bch

4. FEI Number 65-1021707 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LYNCH, FRANCIS X
340 ROYAL POINCIANA WAY, SUITE 340
PALM BCH FL 33480

7. Name and Address of New Registered Agent

Name: Michèle P. Kukla
Street Address (P.O. Box Number is Not Acceptable): 6198 Winding Lake DR
City: Jupiter FL Zip Code: 33458

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] Michèle P. Kukla 4-5-01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Michèle Kukla 6198 Winding Lake DR. Jupiter FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] 4-5-01 (561) 707-4496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #