

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90170 031 \*\*\*150.00

**DOCUMENT # P92000010883**

1. Entity Name

**WISE TRUCKING, INC.**

Principal Place of Business

Mailing Address

8479 SE STATE RD 26  
 P.O. BOX 1620  
 NEWBERRY FL 32669  
 US

HIGHWAY 26 WEST  
 P.O. BOX 1620  
 NEWBERRY FL 32669-1620  
 US

2. Principal Place of Business

3. Mailing Address

1778 SW 18<sup>th</sup> Street

1778 SW 18<sup>th</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Williston Florida

City & State

Williston Florida

4. FEI Number

59-3153833

Applied For

Not Applicable

Zip

32696

Country

Levy

Zip

32696

Country

Levy

5. Certificate of Status Desired,

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNELLINGER, RICHARD M  
 2815 N.W. 13TH ST.  
 SUITE 305  
 GAINESVILLE FL 32609

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, 2000 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  Delete  
 NAME **DPT WISE, TONYA M**  
 STREET ADDRESS **7700 E. ALLEN DR.**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DVS WISE, PERRY G**  
 STREET ADDRESS **7700 E. ALLEN DR.**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 352 529-0222

Date

Daytime Phone #

FILED