

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2000 8:00 am
Secretary of State

06-05-2000 90045 001 ***150.00

DOCUMENT # P99000036481

1. Entity Name
WIJ SERVICES INC.

Principal Place of Business
**427 LAKE OF THE WOODS DRIVE
 VENICE FL 34293**

Mailing Address
**427 LAKE OF THE WOODS DRIVE
 VENICE FL 34293**

100000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1026296

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~SCHABERICK, JUERGEN~~
**427 LAKE OF THE WOODS DRIVE
 VENICE FL 34293**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** Delete
 NAME **SCHABERICK, WILHELM**
 STREET ADDRESS **427 LAKE OF THE WOODS DRIVE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SCHABERICK, IRENE**
 STREET ADDRESS **427 LAKE OF THE WOODS DRIVE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SCHABERICK, JUERGEN**
 STREET ADDRESS **427 LAKE OF THE WOODS DRIVE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **PRESIDENT** Change Addition
 NAME **SCHABERICK, JUERGEN**
 STREET ADDRESS **427 LAKE OF THE WOODS DR.**
 CITY-ST-ZIP **VENICE, FL 34293**

TITLE **D** Delete
 NAME **LAU, DIETER**
 STREET ADDRESS **427 LAKE OF THE WOODS DRIVE**
 CITY-ST-ZIP **VENICE FL 34293**

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: **SCHABERICK, JUERGEN, PRESIDENT** **6-29-2000** **941-350-7732**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036481 - 108336

1. Entity Name
WIJ SERVICES INC.

Principal Place of Business 427 LAKE OF THE WOODS DRIVE VENICE FL 34293	Mailing Address 427 LAKE OF THE WOODS DRIVE VENICE FL 34293-4145
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

4. FEI Number	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status-Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHABERICK, JUERGEN
 427 LAKE OF THE WOODS DRIVE
 VENICE FL 34293

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHABERICK, WILHELM 427 LAKE OF THE WOODS DRIVE VENICE FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHABERICK, IRENE 427 LAKE OF THE WOODS DRIVE VENICE FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHABERICK, JUERGEN 427 LAKE OF THE WOODS DRIVE VENICE FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAU, DIETER 427 LAKE OF THE WOODS DRIVE VENICE FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date: **4-30-2000** Daytime Phone #: **941-350-7732**

CR2E034 (9/99)

Form **SS-4**

Application for Employer Identification Number

108386
EIN

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
WIZ SERVICES, INC. JUERGEN SCHABERICK

2 Trade name of business (if different from name on line 1)
WIZ SERVICES, INC.

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
427 LAKE OF THE WOODS DR.

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
VENICE, FL 34293

5b City, state, and ZIP code

6 County and state where principal business is located
SARASOTA / FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ 590-57-4134
JUERGEN SCHABERICK

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) _____

Partnership _____

REMIC _____

State/local government _____

Church or church-controlled organization _____

Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)

Other (specify) ▶ _____

Estate (SSN of decedent) _____

Plan administrator (SSN) _____

Other corporation (specify) ▶ _____

Trust _____

Federal government/military _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State _____ Foreign country _____

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶ SERVICES
1-11-1999

Banking purpose (specify purpose) ▶ _____

Changed type of organization (specify new type) ▶ _____

Purchased going business

Created a trust (specify type) ▶ _____

Other (specify) ▶ _____

Hired employees (Check the box and see line 12.)

Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions)
11-1-1999

11 Closing month of accounting year (see instructions)
12-31-2000 (CALENDAR YEAR)

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ 10/2000

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶

Nonagricultural	Agricultural	Household
<u>1</u>	<u>0</u>	<u>0</u>

14 Principal activity (see instructions) ▶ BILL PAYMENT SERVICES

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

Public (retail) Other (specify) ▶ INDIVIDUAL HOME OWNERS Business (wholesale) N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ _____ Trade name ▶ _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
(941) 350-7732

Fax telephone number (include area code)
(941) 484-6384

Name and title (Please type or print clearly.) ▶ JUERGEN SCHABERICK, PRESIDENT

Signature ▶ [Signature] Date ▶ 7-22-2000

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------