

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90008 044 ***150.00

DOCUMENT # 349644

1. Entity Name

BILL WIESE REALTY, INC.

phone (321) 636-9200

Principal Place of Business

Mailing Address

~~245 GADSDEN COURT~~
~~MERRITT ISLAND FL 32953~~
 US

~~245 GADSDEN COURT~~
~~MERRITT ISLAND FL 32953-2932~~
 US

Note
New Address Below

2. Principal Place of Business

2574 Trotters Trail

3. Mailing Address

2574 Trotters Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa, Florida

City & State

Cocoa, Florida

4. FEI Number

59-1270669

Applied For

Not Applicable

Zip

32926

Country

USA

Zip

32926

Country

USA

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

WIESE, EMMA M.
2574 TROTTERS TRAIL
COCOA FL 32926

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

3-30-00

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	<input type="checkbox"/> Delete
PD	WIESE JR, WILLIAM J	2574 TROTTERS TRAIL	COCOA FL	<input type="checkbox"/>
SDT	WIESE, EMMA M	2574 TROTTERS TRAIL	COCOA FL	<input type="checkbox"/>
T	WIESE, EMMA M	2574 TROTTERS TRAIL	COCOA FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

EMMA M. WIESE *3-30-00* *(321) 636-9200*