

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90042 001 \*\*\*150.00

**DOCUMENT # 429177**

1. Entity Name

**WISE MARINE CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

5809 BEGGS RD.  
 ORLANDO FL 32810

5809 BEGGS RD.  
 ORLANDO FL 32810-2607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1469536**

Applied For

Not Applicable

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

**CUNNINGHAM, JAMES R**  
**1220 EOLA PARK CENTRE**  
**200 EAST ROBINSON STREET**  
**ORLANDO FL 32801**

Name

**SANDRA WISE**

Street Address (P.O. Box Number is Not Acceptable)

**5809 BEGGS RD.**

City

**ORLANDO**

FL

Zip Code

**32810**

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

*Sandra Wise*  
 SANDRA WISE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*January 27, 2000*

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 **PTD CLAVARRIA, DONNA**  
 STREET ADDRESS **1547 S. LYONS CT**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S WISE, JOSEPH W**  
 STREET ADDRESS **140 MINNEHAHA ROAD**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T WISE, CHRISTOPHER R**  
 STREET ADDRESS **3709 BOBOLINK LANE**  
 CITY-ST-ZIP **ORLANDO FL 32810**

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:

*Christopher R. Wise*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CHRISTOPHER R. WISE**

*January 26, 2000*  
 Date

Daytime Phone #

CR2E034 (9/99)