

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**  
 01-30-2001 90140 019 \*\*\*150.00


006/1821

**DOCUMENT # 429177**  
 1. Entity Name  
**WISE MARINE CONSTRUCTION, INC.**

Principal Place of Business      Mailing Address  
**5809 BEGGS RD.**      **5809 BEGGS RD.**  
**ORLANDO FL 32810**      **ORLANDO FL 32810**

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

**DO NOT WRITE IN THIS SPACE**



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**  
**WISE, SANDER**  
**5809 BEGGS ROAD**  
**ORLANDO FL 32810**

**7. Name and Address of New Registered Agent**  
 Name **Christopher R. Wise**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5809 Beggs Road**  
 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 *Christopher R. Wise*      **Chris Wise (Pres.)**      **1-22-00**  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>CLAVARRIA, DONNA</b> <b>1547 S. LYONS CT</b> <b>OVIEDO FL 32765</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WISE, JOSEPH W</b> <b>140 MINNEHAHA ROAD</b> <b>MAITLAND FL 32751</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WISE, CHRISTOPHER R.</b> <b>3709 BOBOLINK LANE</b> <b>ORLANDO FL 32810</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President (P)</b> <b>Wise, Christopher R.</b> <b>3709 Bobolink Lane</b> <b>Orlando FL 32803</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer (T)</b> <b>Wise, Leslie W.</b> <b>3709 Bobolink Lane</b> <b>Orlando, FL 32803</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Director (M)</b> <b>John E. Worth Jr.</b> <b>812 E. Orange St.</b> <b>Apopka, FL 32703</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *Christopher R. Wise*      **Chris Wise**      **1-22-00**      **407-2970181**  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #

CR2E034 (10/00)