

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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, CHRISTOPHER R.  
5809 BEGGS ROAD  
ORLANDO, FL 32810

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 S ☒ Delete  
NAME WISE, JOSEPH W  
STREET ADDRESS 140 MINNEHAHA ROAD  
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE T ☐ Delete  
NAME WISE, LESLIE W  
STREET ADDRESS 3709 BOBOLINK LANE  
CITY-ST-ZIP ORLANDO FL 32803

TITLE M ☐ Delete  
NAME WORTH, JOHN E JR  
STREET ADDRESS 812 E ORANGE ST  
CITY-ST-ZIP APOPKA FL 32703

TITLE S ☐ Delete  
NAME [Signature]  
STREET ADDRESS [Signature]  
CITY-ST-ZIP [Signature]

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE Secretary ☐ Change ☒ Addition  
NAME [Signature]  
STREET ADDRESS 400 Teatra Ct  
CITY-ST-ZIP Orlando, FL 32807

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(l), 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

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90011 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0101621 AV

CR2E034 (9/01)

1.03.02 407-297-081  
Date Daytime Phone #