

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90181 037 \*\*\*150.00

**DOCUMENT # 429177**

1. Entity Name  
**WISE MARINE CONSTRUCTION, INC.**



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

Mailing Address  
**5809 BEGGS RD.  
ORLANDO FL 32810**

**70021114**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1469536</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Name <b>WISE, CHRISTOPHER R.</b>				Name			
Street Address (P.O. Box Number is Not Acceptable) <b>5809 BEGGS ROAD</b>				Street Address (P.O. Box Number is Not Acceptable)			
City <b>ORLANDO FL 32810</b>				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Christopher R. Wise*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/30/03**  
DATE

**FILED WITH FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WISE, LESLIE W</b> <b>3709 BOBOLINK LANE</b> <b>ORLANDO FL 32803</b> <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	<b>M</b> <b>WORTH, JOHN E JR</b> <b>812 E ORANGE ST</b> <b>APOPKA FL 32703</b> <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	<b>S</b> <b>HOTAING, JOHN E</b> <b>900 TEATRO CT</b> <b>ORLANDO FL 32807</b> <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
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

12. 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 10 or Block 11 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

**1/30/03**  
Date

**(407) 297-0181**  
Daytime Phone #

CR2E034 (10/02)

Attachment #  
429177

70021114  
~~19007008~~

### TAX REPORT & PAYMENT NOTICE

Tax report for the purpose indicated is attached. Please sign the report when space is provided and mail with your check on or before:

APRIL 30, 2003 or deposit at a bank by \_\_\_\_\_

AMOUNT	PAYEE ON CHECK
	YOUR BANK
1150100	FLORIDA DEPT. OF REVENUE
	U.S. TREASURY
	FLORIDA UNEMPLOYMENT COMP. FUND

ATTN: CHRIS / MCGUIRE  
WISE MARINE CONSTRUCTION, INC.  
5809 BEGGS ROAD  
ORLANDO, FL 32810-2607

	PURPOSE
	STATE SALES TAX
	FED. PAYROLL TAX DEPOSIT
	QLTY. STATE UNEMP. TAX
	ANNUAL FED. UNEMP. TAX
	ESTIMATED INCOME TAX
X	U B R