

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 693380

1. Entity Name

WISDOM ASSOCIATES, INC.



FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90326 044 ***558.75

0117649 AV

Principal Place of Business

517 CAMDEN AVE
STUART FL 34994
US

Mailing Address

517 CAMDEN AVE
STUART FL 34994
US

2. Principal Place of Business

509 Camden Avenue
Suite, Apt. #, etc.

3. Mailing Address

509 Camden Avenue
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Stuart FL

City & State

Stuart FL

4. FEI Number

59-2111087

Applied For

Not Applicable

Zip

34994

Country

Zip

34994

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WISDOM, DONALD A.
517 CAMDEN AVE
STUART FL 34994

7. Name and Address of New Registered Agent

Name Wisdom, Donald A.
Street Address (P.O. Box Number is Not Acceptable)

509 Camden Avenue

City Stuart

FL

Zip Code

34994

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
WISDOM, DONALD A
4923 SW LANDING CREEK DR
PALM CITY FL

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)