

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90047 045 ***150.00

DOCUMENT # F97000006323

1. Entity Name

WISE, INC. OF INDIANA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4021 KILGORE AVENUE

Suite, Apt. #, etc.

3. Mailing Address

4021 KILGORE AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MUNCIE, INDIANA

City & State

MUNCIE, INDIANA

4. FEI Number

35-1418332

Applied For

Not Applicable

Zip

47304

Country

USA

Zip

47304

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent Signature required when constituting)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P

WISE, JERRY G

601 MESA

MUNCIE, INDIANA 47304

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S

WISE, DEBRA L

601 MESA

MUNCIE, INDIANA 47304

T

WISE, JERRY G

601 MESA

MUNCIE, INDIANA 47304

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 #

3-15-04

CR2E034B (12/01)