

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H67384

1. Entity Name

THE PROPERTY WIZARD, INC.

Principal Place of Business

~~95 DORELL CT~~
OVIEDO FL 32765
US

Mailing Address

~~95 DORELL CT~~
OVIEDO FL 32765-9043
US

2. Principal Place of Business

3800 CHARLESTON LOOP

3. Mailing Address

3800 CHARLESTON LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO FL

City & State

OVIEDO, FL

4. FEI Number

59-2566195

Applied For

Not Applicable

Zip

32765-9201

Country

US

Zip

32765-9201

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNICKERBOCKER, DAVID E
~~95 DORELL CT~~
OVIEDO FL 32765

Name

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

3800 CHARLESTON LOOP

City

FL

Zip Code
32765-9201

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
KNICKERBOCKER, DAVID E
STREET ADDRESS ~~95 DORELL COURT~~
CITY-ST-ZIP OVIEDO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3800 CHARLESTON LOOP
CITY-ST-ZIP OVIEDO, FL 32765-9201

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/00

407-446-1135

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90003 043 ***150.00