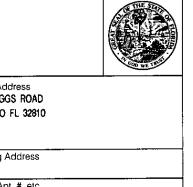
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## H90863 DOCUMENT #

1. Entity Name

WISE TRADE CENTER, INC.



## **FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90170 039 \*\*\*150.00

5817 BEGGS ROAD ORLANDO FL 32810  2. Principal Place of Business Suite, Apt. #, etc.  City & State  City	ng Address BEGGS ROAD ANDO FL 32810  illing Address te, Apt. #, etc.			
Suite, Apt. #, etc. Sui City & State City	te, Apt. #, etc.			
City & State City				l
	9 (2)-1-		CHECK HERE IF MAKING CHANGES	
	City & State City & State		4. FEI Number 59-2616869 Applied For	$\Box$
Zip Country Zip	Country Zip Coun		— \$8.75 Additional	)le
		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired Fee Required	_
6. Name and Address of Current Register	ed Agent	Name	7. Name and Address of New Registered Agent	
WISE, CHRISTOPHER R 5809 BEGGS RD	,	Street Addres	ess (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32810		City	FL Zip Code	$\dashv$
	ž 1	· · · · · · · · · · · · · · · · · · ·	istered 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 ag		E: Registered Agent signature req		
FILE NOW!!! 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 \$5.00 May Be Trust Fund Contribution.	3
10. OFFICERS AND DIRECTO		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<u> </u>
TITLE NAME OLAVARRIA, DONNA STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	on S
TITLE T NAME WISE, CHRISTOPHER R STREET ADDRESS 3709 BOBOLINK LANE CITY-ST-ZIP ORLANDO FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	on (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additi	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit	ion
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effects and that make under oath; that I am an officer or directors and that my same appears I mealed the control of the	

of the corporation or the receiver or tilu changed, or on an attachment with an

SIGNATURE:

SIGNATURE AND WHEN ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR