

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90123 048 \*\*\*150.00

00034203



DO NOT WRITE IN THIS SPACE

**DOCUMENT # J02639**

1. Entity Name

**MANN & WISE, INC.**

Principal Place of Business

Mailing Address

3471 FEDERAL HWY.. #611  
 FT. LAUDERDALE FL 33306

3471 FEDERAL HWY.. #611  
 FT. LAUDERDALE FL 33310-5727

2. Principal Place of Business

3. Mailing Address

5900 N Andrews Ave.

Suite, Apt. #, etc.

Ste. 300

City & State

Ft. Lauderdale Fl

Zip

33309

Country

USA

Zip

Country

4. FEI Number

59-2697404

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ZEMEL AND KAUFMAN P.A.  
 3550 BISCAYNE BOULEVARD  
 SUITE 603  
 MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

Laurel L. Grammig

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

401 E Jackson St., Ste. 1700

City

Tampa

FL

Zip Code

33602

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

*Laurel L. Grammig* Signature, typed or printed name of registered agent, and title if applicable

*Laurel L. Grammig Vice President* (NOTE: Registered Agent signature required when reinstating)

2/18/00 DATE

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WISE, LEONARD G.	
STREET ADDRESS	155 ISLE OF VENICE #504	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WISE, PAUL J.	
STREET ADDRESS	714 SW 73 AVE UNIT 32	
CITY-ST-ZIP	N LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WISE, SUSANNE, C.	
STREET ADDRESS	11905 NE 2 AVE	
CITY-ST-ZIP	N MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DAVID P. WISE	
STREET ADDRESS	1733 HAZEL CT.	
CITY-ST-ZIP	SLEEPY HOLLOW IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Hyatt Brown	
STREET ADDRESS	220 S. Ridgewood Ave	
CITY-ST-ZIP	Daytona Beach FL 32114	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Riley	
STREET ADDRESS	5900 N Andrews Ave., Ste. 300	
CITY-ST-ZIP	Ft. Lauderdale FL 33309	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valerie Pellerin	
STREET ADDRESS	5900 N. Andrews Ave., Ste. 300	
CITY-ST-ZIP	Ft. Lauderdale FL 33309	
TITLE	VP, S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laurel L. Grammig	
STREET ADDRESS	401 E Jackson St., Ste. 1700	
CITY-ST-ZIP	Tampa FL 33602	
TITLE	J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Henderson	
STREET ADDRESS	220 S. Ridgewood Ave	
CITY-ST-ZIP	Daytona Beach FL 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Laurel L. Grammig* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00 Date

813-222-4277 Daytime Phone #

CR2E034 (9/99)