

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # J14735**

1. Entity Name

**WISE HOME INSPECTION SERVICE, INC.****FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90242 048 \*\*\*150.00

0626004

Principal Place of Business  
11709 N 12TH ST  
%H. RICHARD BENCHIMOL (P.O. BOX 272777)  
TAMPA FL 33612  
US

Mailing Address  
PO BOX 27277  
%H. RICHARD BENCHIMOL (P.O. BOX 272777)  
TAMPA FL 33688  
US

2. Principal Place of Business  
11709 12th Street  
Suite, Apt. #, etc.

3. Mailing Address  
P O Box 272777  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Tampa, FL 33612

City & State  
Tampa, FL 33688

4. FEI Number 59-2765245

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country Zip Country  
33612 USA 33688 USA

**6. Name and Address of Current Registered Agent**

WISE, ALBERT E  
4516 HUDSON LANE  
TAMPA FL 33624

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD WISE, ALBERT E. 4516 HUDSON LN TAMPA FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WISE, ROXIE W. 4516 HUDSON LN TAMPA FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

CR2E034 (10/00)