

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J26019

1. Entity Name

P. A. VERONA & ASSOCIATES, INC.

WIZ BIZ SOLUTIONS, INC.

Principal Place of Business

17755 PARK VILLAGE BLVD.
FT MYERS FL 33908

Mailing Address

17755 PARK VILLAGE BLVD.
FT MYERS FL 33908

FILED

01 APR -2 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2738588

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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)

3-8-01

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
AND MAY 11 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 PD
NAME VERONA, PASQUALE A.
STREET ADDRESS 17755 PARK VILLAGE BLVD.
CITY-ST-ZIP FT MYERS FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6000003942416-7
04/02/01 01034-004
133-75150-00

TITLE VP
NAME VERONA, FELICIA M
STREET ADDRESS 17755 PARK VILLAGE BLVD.
CITY-ST-ZIP FT MYERS FL 33908

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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)(l), 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; and that I am not a person who has been convicted of a crime under Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an affidavit with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01 944-432-9000

CR2E034 (10/00)