

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
 02-19-2002 90073 046 ***150.00

DOCUMENT # J26019

1. Entity Name
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



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

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VERONA, PASQUALE A.
 17755 PARK VILLAGE BLVD.
 FT MYERS FL 33908

Name

VERONA, PASQUALE

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

16520 S. TAMIAHI TRAIL 18-200

City

Fort Myers

FL

Zip Code

33908

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 fee 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, 2002 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 ☐ Delete

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☒ Change ☐ Addition
16520 S. TAMIAHI TRAIL 18-200
Fort Myers FL 33908

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

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☒ Change ☐ Addition
16520 S. TAMIAHI TRAIL 18-200
Fort Myers, FL 33908

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

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

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

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

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 (9/01)