

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90037 036 \*\*\*150.00

DOCUMENT # **K41699**

1. Entity Name  
**ENWISEN.COM, INC. A FLORIDA CORPORATION**  
**N/C 7/19/99**

Principal Place of Business Mailing Address  
**7110 Redwood Blvd., Suite C**  
**Novato, CA 94945**

2. Principal Place of Business Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **68-0393709**  
 Applied For ☐ Not Applicable ☒

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
~~**Eric E. Likman**~~  
~~**7695 Southwest 104 Street**~~  
~~**Suite 210**~~  
~~**Miami, FL 33156**~~

7. Name and Address of New Registered Agent  
 Name **NRAI SERVICES, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**526 EAST PARK AVENUE**  
 City **TALAHASSEE** FL Zip Code **32301**

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]* **Chairman/CEO** **4/18/00**  
 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO and Director</b> <b>Frank J. McCormack</b> <b>7110 Redwood Blvd., Suite C</b> <b>Novato, CA 94945</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Barry A. Maxon</b> <b>7110 Redwood Blvd., Suite C</b> <b>Novato, CA 94945</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Shirley McCormack</b> <b>7110 Redwood Blvd., Suite C</b> <b>Novato, CA 94945</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>John Hahn</b> <b>TRI-CITY BROKERAGE, INC.</b> <b>50 CALIFORNIA ST. SUITE 2000</b> <b>SAN FRANCISCO, CA 94111</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>George Mainas</b> <b>P.O. Box 994</b> <b>ROSS, CA 94957</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>James W. Lazov</b> <b>40 E. B. WARD COMPANY</b> <b>237 ROEBLING RD.</b> <b>SAN FRANCISCO, CA 94080</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Keith H. McNeil</b> <b>7200 REDWOOD BLVD #400</b> <b>NOVATO, CA 94945-3249</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **Chairman** **4/18/00 (415) 897-0728**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)