

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90147 033 \*\*\*150.00

DOCUMENT # **L50816**

1. Entity Name

**WISELEY MARINE INSURANCE, INC.**

*Wiseley Boat Charters*

Principal Place of Business

**3810 16TH ST NORTH  
 SAINT PETERSBURG FL 33703  
 US**

Mailing Address

**P.O. BOX 33020  
 ST. PETERSBURG FL 33733-0020  
 US**

2. Principal Place of Business

*10208 Tarpon Dr.*

3. Mailing Address

*10208 Tarpon Dr.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*TREASURE Island*

City & State

*Treasure Island, FL*

Zip

*33706 Pinellas*

Zip

*33706 Pinellas*

4. FEI Number

**59-2987686**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WISELEY, YVONNE C.**

**C/O WISELEY MARINE**

**3810 16TH ST NORTH**

**SAINT PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

*Wiseley, Yvonne*

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

*10208 Tarpon Dr*

City

*Treasure Island*

FL

Zip Code

*33706*

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

*Yvonne C. Wiseley*

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WISELEY, YVONNE C.	
STREET ADDRESS	10208 TARPON DR	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WISELEY, DEA B.	
STREET ADDRESS	10208 TARPON DR	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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:

*Yvonne C. Wiseley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/26/02 727-344-3604*

0451569 AV

CR2E034 (9/01)