

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 22 PM 12: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007481

1. Entity Name  
ASSETWISE, LLC

Principal Place of Business  
5801 PELICAN BAY BLVD., SUITE 300  
NAPLES FL 34108

Mailing Address  
5801 PELICAN BAY BLVD., SUITE 300  
NAPLES FL 34108-2709

2. Principal Place of Business  
5051 Castello Drive  
Suite, Apt. #, etc.  
Suite 240

3. Mailing Address  
5051 Castello Drive  
Suite, Apt. #, etc.  
Suite 240

City & State  
Naples, FL

City & State  
Naples, FL

Zip  
34103

Country  
U.S.A.

Zip  
34103

Country  
U.S.A.

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LUPO, DAVID T  
PORTER, WRIGHT, MORRIS & ARTHUR  
5801 PELICAN BAY BLVD., SUITE 300  
NAPLES FL 34108

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME KARAFFA, PETER  
STREET ADDRESS 1136 BALDE EAGLE DRIVE, SUITE 205  
CITY- ST- ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition  
200003284052-9  
-06/12/00--01006--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/28/00 941/269-6600  
Date Daytime Phone #

CR2E083 (9/93)