

-2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005336

1. Entity Name

W.I.S.E. Inc. Weapons In School Eliminated

Principal Place of Business

Mailing Address

2. Principal Place of Business

3212 Autumnwood Trail

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 915767

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Apopka, FL

City & State

Longwood, FL

4. FEI Number

59-3472238

Applied For

Not Applicable

Zip

32703

Country

U.S.

Zip

32791-5767

Country

U.S.

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

6. Name and Address of Current Registered Agent

Gaipman, Paul S.
3212 Autumnwood Trail
Apopka, FL 32703

7. Name and Address of New Registered Agent

Name

SAME AGENT

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

NEW ADDRESS

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 N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Carpenter, William | |
| STREET ADDRESS | 1045 Forest Cir | |
| CITY-ST-ZIP | Winter Springs, FL 32708 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Gaipman, Paul S | |
| STREET ADDRESS | 3212 Autumnwood Trail | |
| CITY-ST-ZIP | Apopka, FL 32703 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Reilly, Patricia A. | |
| STREET ADDRESS | 3212 Autumnwood Trail | |
| CITY-ST-ZIP | Apopka, FL 32703 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2F037 (9/99)