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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State
04-05-2001 90285 001 ***228.75

DOCUMENT # N97000005336

1. Entity Name
W.I.S.E. INCORPORATED

Principal Place of Business	Mailing Address
1655 E. SEMORAN BLVD SUITE 10 APOPKA, FL 32703	PO BOX 915767 LONGWOOD, FL 32791-5767

[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3472238 ☐ 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
GAIPTMAN, PAUL S PO BOX 915767 LONGWOOD, FL 32791-5767	Name Street Address (P.O. Box Number is Not Acceptable) 3212 AUTUMNWOOD TRAIL City APOPKA FL Zip Code 3270[illegible]

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] DATE 05/07/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAM H CARPENTER, III 1091 FOREST CIRCLE WINTER SPRINGS, FL 32708 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E [illegible] ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAUL S. GAIPTMAN SUITE 10 PO BOX 915767 1655 E. SEMORAN LONGWOOD, FL 32791 APOPKA, FL 32703 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAUL GAIPTMAN 3212 AUTUMNWOOD TRAIL APOPKA FL 32703 ☐ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATRICIA REILLY SUITE 10 1655 E. SEMORAN APOPKA, FL 32703 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NOT ON ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ PATRICIA REILLY ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PATRICIA REILLY 3212 AUTUMNWOOD TRAIL APOPKA FL 32703 ☐ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BRIAN REILLY 3212 AUTUMNWOOD TRAIL APOPKA FL 32703 ☐ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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] 3-28-01 407-682-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #