2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000005336

Entity Name: W.I.S.E. INC. WEAPONS IN SCHOOL ELIMINATED

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1655 E. SEMORAN BLVD. SUITE 10 706 FOX VALLEY DRIVE APOPKA, FL 32703 LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

PO BOX 915767

LONGWOOD, FL 327915767

FEI Number: 59-3472238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GAIPTMAN, PAUL S
3212 AUTUMNWOOD TRAIL
APOPKA, FL 32703 US
GAIPTMAN, PAUL S
706 FOX VALLEY DRIVE
LONGWOOD, FL 32779 US

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: PAUL S. GAIPTMAN 04/29/2002

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 GAIPTMAN, PAUL S

 GAIPTMAN, PAUL S

 Address:
 3212 AUTUMNWOOD TRAIL
 Address:
 706 FOX VALLEY DRIVE

 City-St-Zip:
 APOPKA, FL 32703
 City-St-Zip:
 LONGWOOD, FL 32779

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 REILLY, PATRICIA A
 Name:
 REILLY, PATRICIA A

 Address:
 3212 AUTUMN WOOD TRIAL
 Address:
 706 FOX VALLEY DRIVE

City-St-Zip: APOPKA, FL 32703 City-St-Zip: LONGWOOD, FL 32779

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name:REILLY, BRIANName:REILLY, BRIANAddress:3212 AUTUMN WOOD TRAILAddress:706 FOX VALLEY DRIVECity-St-Zip:APOPKA, FL 32703City-St-Zip:LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL GAIPTMAN PRES 04/29/2002