

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
 04-24-2002 90391 004 ***150.00

0124723 AV

DOCUMENT # P00000111883

1. Entity Name
WIZARD MAINTENANCE SERVICE, INC.

Principal Place of Business

**242 HIBISCUS STREET
 TAVERNIER FL 33070**

Mailing Address

**242 HIBISCUS STREET
 TAVERNIER FL 33070**

2. Principal Place of Business

115 Sioux Street

Suite, Apt. #, etc.

3. Mailing Address

115 Sioux Street

Suite, Apt. #, etc.

City & State

Tavernier FL

City & State

Tavernier FL

Zip

33070

Country

Monroe

Zip

33070

Country

Monroe

4. FEI Number

65-1068489

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BURKE-WILLIAMS, DEBRA C
 242 HIBISCUS STREET
 TAVERNIER FL 33070**

7. Name and Address of New Registered Agent

Name Debra C Burke-Williams

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

115 Sioux Street

City

Tavernier

FL

Zip Code

33070

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 Debra Burke-Williams Debra Burke-Williams 4-10-02
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	PSTD	<input type="checkbox"/> Delete
NAME	BURKE-WILLIAMS, DEBRA C	
STREET ADDRESS	242 HIBISCUS STREET	
CITY-ST-ZIP	TAVERNIER FL 33070	
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	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burke-Williams, Debra C	
STREET ADDRESS	115 Sioux Street	
CITY-ST-ZIP	Tavernier FL 33070	
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		

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: Debra Burke-Williams Debra Burke-Williams 4/10/02 305 853-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)