

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91115 024 ***158.75

DOCUMENT # *PO1000098816*

1. Entity Name

WISEWORK TRADING COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

36 ORANGE DRIVE KEY LARGO FL

Suite, Apt. #, etc.

3. Mailing Address

36 ORANGE DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KEY LARGO FLORIDA

Zip
33037

Country

USA

City & State

KEY LARGO FLORIDA

Zip
33037

Country

USA

4. FEI Number

39-3755323

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BUSINESS FILINGS INC

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

1000 WEST AVENUE SUITE 1114

City

MIAMI BEACH

FL

Zip Code

33139

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, typed or printed name of registered agent and fee 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)

☒

January 1 - May 1 Fee is \$159.00

April 1 - May 1 Fee is \$550.00

Annual Fee is \$61.25

Link: <http://www.floridastate.com>

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P-V-T-S-D-C-M

Stephen Davison

36 Orange Drive

Key Largo, FL 33037-2558

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)