2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 91175 009 ***150.00

DOCUMENT # P93000027959

1. Entity Name
WISE ELECTRIC SERVICE, INC.

Principal Place of Business	Mailing Address
P O BOX 456 EUSTIS FL 32727	P O BOX 456 EUSTIS FL 32727

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 130 Suite, Apt. #, etc.	P.O. Box 130 Suite, Apt. #, etc.
City & State: Lady Lake, Florida	City & State: Lady Lake, Florida
Zip: 32159 Country: U.S.A.	Zip: 32159 Country: U.S.A.

4. FEI Number 59-3182639 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WISE, RAYMOND
3117 KURT STREET
EUSTIS FL 32727

7. Name and Address of New Registered Agent

Name: Raymond Wise
Street Address (P.O. Box Number is Not Acceptable): 17375 S.E. 283rd Ave.
City: Altoona FL Zip Code: 32702

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

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WISE, RAYMOND 3117 KURT ST EUSTIS FL 32727	☐ Delete	D Wise, Raymond 17375 S.E. 283rd Ave. Altoona, FL 32702	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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CR2E034 (9/01)

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: Raymond Wise — Raymond Wise — 3/29/02 — (352) 750-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #