

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90069 013 ***150.00

DOCUMENT # P93000033954

1. Entity Name

THE WIZ, INC.

Principal Place of Business

Mailing Address

NE 7TH TERR
CORAL FL 33909

1008 NE 7TH TERR
CAPE CORAL FL 33909-3100
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0411038

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

1008 N.E. 7th TERRACE
UNIT B

City CAPE CORAL, FL 33909

FL

Zip Code

DENBESTEN, LARRY
% THE WIZ, INC.
1103 12TH AVE SE
CAPE CORAL FL 33990

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

D
DENBESTEN, LARRY
1008 B NE 7TH TERR
CAPE CORAL FL 33909

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DENBESTEN, CORINNE
8421 LITTLETON RD
N-FT MYERS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1008 N.E. 7th TERRACE
UNIT B
CAPE CORAL, FL 33909

☒ Change ☐ Addition

☐ Delete

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CITY-ST-ZIP

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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)