

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016705

1. Entity Name
WISTER, INC.

Principal Place of Business
10617 WINTERVIEW DR
NAPLES FL 33942

Mailing Address
WINTER, INC.
~~P.O. BOX 110865~~
NAPLES FL 34108-0115
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Naples, Fla.

Zip

Country

Zip
34108

Country

Collier

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IANOSCA, BRUNO
10617 WINTERVIEW DR
NAPLES FL 33942

Name

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

City

FL

Zip Code

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 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, 2001- 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
IANOSCA, BRUNO
~~P.O. BOX 1372 N/A~~
NAPLES FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition
Ianosca, Bruno
P.O. Box 110865
Naples, Fla 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
IANOSCA, DEBORAH JAYNE
~~P.O. BOX 1372 N/A~~
NAPLES FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition
Ianosca, Deborah Jayne
P.O. Box 110865
Naples, Fla. 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
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CITY-ST-ZIP
Change
Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90025 027 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0470960

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

4-27-01 (941)594-5546