

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90057 003 ***150.00

DOCUMENT # P94000039670

1. Entity Name

A WISE OWL ACCOUNTING & SERVICES, INC.

Principal Place of Business

Mailing Address

**10161 FLAG DRIVE
 PALM BEACH GARDENS FL 33410**

**10161 FLAG DRIVE
 PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

148 HIDDEN Hollow DRIVE

Suite, Apt. #, etc.

3. Mailing Address

148 HIDDEN Hollow DRIVE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0489786**

Applied For

Not Applicable

Zip

Country

Zip

Country

33418

33418

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

SABA, JANICE A

**10161 FLAG DR. 148 HIDDEN Hollow DRIVE
 PALM BEACH GARDENS FL 33410 33418**

Name

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

City

1

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

Janice A Saba

4-26-01

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	P	<input type="checkbox"/> Delete
NAME	SABA, AL	
STREET ADDRESS	10161 FLAG DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SABA, JANICE	
STREET ADDRESS	10161 FLAG DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	148 HIDDEN Hollow DRIVE	
CITY-ST-ZIP	33418	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	148 HIDDEN Hollow DRIVE	
CITY-ST-ZIP	33418	
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:

Janice A Saba **JANICE A. SABA**

4-26-01

Date

561 626-7685

Daytime Phone #

CR2E034 (10/00)