

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90181 023 \*\*\*150.00

**DOCUMENT # P94000054409**

1. Entity Name

**PRIVATE LENDING GROUP, INCORPORATED**

Principal Place of Business

Mailing Address

**1801 24TH STREET  
 VERO BEACH FL 32960**

**1902 14TH AVE  
 VERO BEACH FL 32960-3507  
 US**

2. Principal Place of Business

**333 17TH ST SUITE M  
 Suite, Apt. #, etc.**

3. Mailing Address

**2045 VALKARIA Rd.  
 Suite, Apt. #, etc.**

City & State

**VERO BEACH, FL**

City & State

**VALKARIA, FL**

Zip

**32960**

Country

**INDIAN RIVER**

Zip

**32950**

Country

**BREVARD**

4. FEI Number

**65-0505014**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WISEMAN, CHARLES F  
 917 7TH AVENUE  
 VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

Name **CHARLES F. WISEMAN**

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

**333 17TH ST. SUITE M**

City

**VERO BEACH**

FL

Zip Code

**32960**

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

*Charles F. Wiseman* **PRESIDENT**  
**CHARLES F. WISEMAN**

**4-26-2000**

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, 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**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **WISEMAN, CHARLES F**  
 STREET ADDRESS **3922 58TH CIR.**  
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE **D** ☐ Delete  
 NAME **WISEMAN, MARY E**  
 STREET ADDRESS **3922 58TH CIR**  
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **CHARLES F. WISEMAN**  
 STREET ADDRESS **2045 VALKARIA Rd.**  
 CITY-ST-ZIP **VALKARIA, FL 32950**

TITLE **MARY E. WISEMAN** ☒ Change ☐ Addition  
 NAME **MARY E. WISEMAN**  
 STREET ADDRESS **2045 VALKARIA Rd.**  
 CITY-ST-ZIP **VALKARIA, FL 32950**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Charles F. Wiseman* **PRESIDENT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-26-2000 561-770-2433**

CR2E034 (9/99)