

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90221 009 ***150.00

DOCUMENT # P94000076536

1. Entity Name
WISEMAN STUCCO, INC.

Principal Place of Business

11401 BONITA BCH. RD
 #57
 BONITA SPRINGS FL 34135

Mailing Address

11401 BONITA BCH. RD
 #57
 BONITA SPRINGS FL 34135

2. Principal Place of Business

11401 Bonita Bch. Rd.
 Suite, Apt. #, etc.
 # 11

3. Mailing Address

11401 Bonita Bch. Rd.
 Suite, Apt. #, etc.
 # 11

City & State
 Bonita Springs, Fl.
 Zip
 34135
 Country
 Lee

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 Bonita Springs, Fl.
 Zip
 34135
 Country
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4. FEI Number **65-0488027**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WISEMAN, ROBERT
 11401 BONITA BEACH ROAD #57
 BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name **Wiseman, Robert**
 Street Address (P.O. Box Number is Not Acceptable)
 11401 Bonita Bch. Rd. # 11
 City **Bonita Springs** FL Zip Code **34135**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	WISEMAN, ROBERT	
STREET ADDRESS	11401 BONITA BCH. RD #57	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WISEMAN, MARGARET	
STREET ADDRESS	11401 BONITA BCH. RD #57	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	# 11	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	# 11	
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		
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:

Robert Wiseman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)