

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90165 028 \*\*\*150.00

0543821 AV

DOCUMENT # **P94000076536**

1. Entity Name  
**WISEMAN STUCCO, INC.**



Principal Place of Business  
**14401 BONITA BCH RD**  
**#11**  
**BONITA SPRINGS FL 34135**

Mailing Address  
**11401 BONITA BCH RD**  
**#11**  
**BONITA SPRINGS FL 34135**



2. Principal Place of Business

**6106 PLUMOSA AVE**

3. Mailing Address

**6106 PLUMOSA AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. MYERS**

City & State

**FT. MYERS**

Zip

**33908**

Country

Zip

**33908**

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**WISEMAN, ROBERT**

**11401 BONITA BEACH ROAD #11**

**BONITA SPRINGS FL 34135**

Name

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

**6106 PLUMOSA AVE**

City

**FT MYERS**

**FL**

Zip Code

**33908**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **WISEMAN, ROBERT**  
STREET ADDRESS **11401 BONITA BCH RD. #11**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☒ Change ☐ Addition  
NAME **6106 PLUMOSA AVE**  
STREET ADDRESS **FT MYERS FL 33908**  
CITY-ST-ZIP

TITLE **DST** ☐ Delete  
NAME **WISEMAN, MARGARET**  
STREET ADDRESS **11401 BONITA BCH RD. #11**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☒ Change ☐ Addition  
NAME **6106 PLUMOSA AVE**  
STREET ADDRESS **FT MYERS FL 33908**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Robert Wiseman** April 26, 03

Date

Daytime Phone #

**239-433-4088**

CR2E034 (10/02)