

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90380 004 ***150.00

0442970 AV

DOCUMENT # P95000024881

1. Entity Name

WISE COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

~~6001 16TH ST NE~~ **1144 Corinth Greens Drive**
~~SUITE C~~ **Sun City Center, FL 33573**
~~ST PETERSBURG FL 33702~~



2. Principal Place of Business

1144 Corinth Greens Dr

3. Mailing Address

1144 Corinth Greens Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sun City Center, FL

Sun City Center

City & State

City & State

FL

4. FEI Number

59-3313722

Applied For

Not Applicable

Zip

33573

Country

USA

Zip

33573

Country

USA

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

KRAVITZ, EDITH W

~~6001 16TH ST NE~~ **1144 Corinth Greens Drive**
~~SUITE C~~ **Sun City Center, FL 33573**
~~ST PETERSBURG FL 33702~~

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, 2002 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	<input type="checkbox"/> Delete P/D KRAVITZ, EDITH W 6001 16TH STREET N.E. SUITE C 1144 Corinth Greens Dr ST. PETERSBURG FL 33702 SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D KRAVITZ, RICHARD A 6001 16TH STREET N.E., SUITE C 1144 Corinth Greens Dr ST. PETERSBURG FL 33702 Sun City Center, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

1/10/02 813 633 9710

Date

Daytime Phone #

CR2E034 (9/01)