

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90305 004 ***150.00

044659 AV

DOCUMENT # P95000026792

1. Entity Name
WILEY'S, INC.

Principal Place of Business
**9000 W. GULF BLVD.
 TREASURE ISLAND FL 33706**

Mailing Address
**9000 W. GULF BLVD.
 TREASURE ISLAND FL 33706**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3200 PARK ST N
 Suite, Apt. #, etc.

3. Mailing Address
3200 PARK ST N
 Suite, Apt. #, etc.

City & State
ST. PETERSBURG FL
 Zip
33710
 Country
FLORIDA

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ST. PETERSBURG FL
 Zip
33710
 Country
FLORIDA

4. FEI Number
59-3305604

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RENALD, PATRICK
 3200 PARK STREET N
 SAINT PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P RENARD, PATRICK J 3200 PARK ST N ST. PETERSBURG FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RENARD, D. J 3200 PARK ST N ST. PETERSBURG FL 33710 <input type="checkbox"/> Delete	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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Joanne Renard
JOANNE RENARD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 **727-384-6188**
 Date Daytime Phone #

CR2E034 (9/01)