

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051585

1. Entity Name

STREET WIZE INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90030 026 ***150.00

Principal Place of Business

319 E 2ND STREET
SANFORD FL 32771

Mailing Address

319 E 2ND STREET
SANFORD FL 32771-4442

2. Principal Place of Business

2484 Sanford Ave.

3. Mailing Address

2484 Sanford Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Sanford, FL

4. FEI Number

59-3324829

Applied For

Not Applicable

Zip

Country

32771

USA

Zip

Country

32771

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

ZLOKAS, ROBERT A
319 E 2ND STREET
SANFORD FL 32771

Name

ZLOKAS, Robert A

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

2484 Sanford Ave.

City

Sanford

FL

Zip Code

32771

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

Robert A. Zlokas Robert A. Zlokas, President 4/4/00

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ZLOKAS, ROBERT A | |
| STREET ADDRESS | 319 E 2ND STREET | |
| CITY-ST-ZIP | SANFORD FL 32771 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
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| CITY-ST-ZIP | | |

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| 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 A. Zlokas Robert A. Zlokas 4/4/00 (407) 321-5015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)