2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

DOCUMENT # P96000009647 **Secretary of State** 1. Entity Name 02-11-2002 90199 042 ***150.00 DON WISE & ASSOCIATES, INC. Principal Place of Business Mailing Address 5221 MYAKKA VALLEY TRAIL 5221 MYAKKA VALLEY TRAIL SARASOTA FL 34241-9658 SARASOTA FL 34241-9658 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0645150 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WISE, DONALD L Street Address (P.O. Box Number is Not Acceptable) **5221 MYAKKA VALLEY TRAIL** SARASOTA FL 34241-9658 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition ☐ Delete TIŤLE TITLE NAME NAME wise. Donald L STREET ADDRESS 5221 MYAKKA VALLEY TRAIL STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241-9658 CITY-ST-7IP ■ Addition ☐ Change TITLE ☐ Delete TITLE WISE, CAROLEE S NAME NAME STREET ADDRESS STREET ADDRESS 5221 MYAKKA VALLEY TRAIL CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241-9658 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

Feb 11, 2002 8:00 am

CR2E034 (9/01)