

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047696

1. Entity Name

WEALTH INTELLIGENCE NETWORK, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90105 008 ***150.00

Principal Place of Business

1404 N. COVE BLVD
LONGWOOD FL 32750

Mailing Address

1404 N. COVE BLVD
LONGWOOD FL 32750-2832

2. Principal Place of Business

4818 Coronado Pkwy

Suite, Apt. #, etc.

3. Mailing Address

4818 Coronado Pkwy

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral FL

City & State

Cape Coral FL

4. FEI Number

59-3412656

Applied For

Not Applicable

Zip

33904

Country

Zip

33904

Country

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

6. Name and Address of Current Registered Agent

SIMON, RONALD S
1342 COLONIAL BLVD
SUITE 22
FORT MYERS FL 33907

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/00

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

TITLE VP
NAME FRANCIS, JAMES J
STREET ADDRESS 1404 N. COVE BLVD
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE PD
NAME WHITNEY, RUSSELL
STREET ADDRESS 4818 CORONADO PARKWAY
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE TD
NAME SIMON, RONALD
STREET ADDRESS 1342 COLONIAL BLVD., SUITE 22
CITY-ST-ZIP FORT MYERS FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

3/27/00

Date

941-542-8999

Daytime Phone #

CR2E034 (9/99)