

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031205

1. Entity Name
OLDAN/WISER, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90028 016 ***150.00

Principal Place of Business

P.O. BOX 128
MOUNT DORA FL 32756

Mailing Address

11420 N KENDALL DR #202
MIAMI FL 331-76US

00032185



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 128

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Mount Dora, FL

City & State

4. FEI Number **59-3446027**

Applied For

Not Applicable

Zip

32756

Country

Zip

Country

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

DRIER, WILLIAM E
520 BRICKELL KEY DRIVE, BH45
MIAMI FL 33131

Name **WILLIAM E. DRIER**

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

404 LAKE DORA RD

City **MOUNT DORA**

FL

Zip Code

32757

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, 2001 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 **DP** ☐ Delete
NAME **DRIER, WILLIAM E**
STREET ADDRESS **520 BRICKELL KEY DR. BH 45**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 128**
CITY-ST-ZIP **Mount Dora, FL 32756**

TITLE **DST** ☐ Delete
NAME **DRIER, MARY E**
STREET ADDRESS **520 BRICKELL KEY DR. BH 45**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 128**
CITY-ST-ZIP **Mount Dora, FL 32756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)