

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000080151

1. Entity Name

WISE PAINTING, INC.

FILED

02 JUN 24 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1409 KINGSLEY AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Bldg 1, Suite B

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

Zip

Country

Zip

Country

32073

U.S.A.

2001-2002 UBR

4. FEI Number

59-3471690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Joe Wise

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

1409 Kingsley Avenue

Bldg 1 Suite B

City

Orange Park

FL

Zip Code

32073

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P.S.D Joe Wise 1409 Kingsley Ave. Bldg 1 Suite B Orange Park, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

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WISE PAINTING, INC.

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

RE: REINSTATEMENT

DEAR SIRs,

PLEASE FIND ATTACHED THE APPLICATION FOR REINSTATEMENT OF MY CORPORATION. WE NORMALLY DO A GOOD JOB WITH ANY PAPERWORK THAT WE RECEIVE, BUT UNFORTUNATELY, WE DO NOT SHOW OUR RECORDS AS HAVING RECEIVED THE CORPORATE REPORT. SINCE WE HAVE FOUND OUR LOCAL POST OFFICE SERVICE IS VERY SPOTY, WE DID NOT RECEIVE IT IN ORDER TO FILE IT IN TIMELY MANNER, THEREBY CAUSING THE ATTACHED APPLICATION FOR REINSTATEMENT. SINCE WE DID NOT RECEIVE THE FORM, AND WE ARE IN DIRE STRAIGHTS FINANCIALLY, WE HEREBY ASK THAT YOU ALLOW US TO PAY THE ORGINAL FEES OF \$300. THANK YOU FOR YOUR CONSIDERATION IN THIS MANNER.

CORDIALLY,

JOE WISE
PRESIDENT/OWNER
WISE PAINTING, INC.