

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046350

1. Entity Name

WISE PROPERTIES, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90323 031 ***158.75

Principal Place of Business

7628 N 56TH STREET
SUITE 8
TAMPA FL 33617

Mailing Address

7628 N 56TH STREET
SUITE 8
TAMPA FL 33617

955220

2. Principal Place of Business

16105 N. FLORIDA

Suite, Apt. #, etc.

SUITE A

City & State

LUTZ FL

Zip

33549

Country

3. Mailing Address

16105 N. FLORIDA

Suite, Apt. #, etc.

SUITE A

City & State

LUTZ FL

Zip

33549

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3515294

Applied For

Not Applicable

5. Certificate of Status Desired

Y

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIVEY, WILLIAM C
7628 N. 56TH STREET
SUITE 8
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

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

16105 N. FLORIDA

SUITE A

City

LUTZ

FL

Zip Code

33549

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SPIVEY, WILLIAM C	
STREET ADDRESS	17530 EDINBURGH DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUTLEDGE, WAYNE C	
STREET ADDRESS	16210 RAMBLUE VINE DR WEST	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM C. SPIVEY 4/06/01 813-968-5665 ext 25

CR2E034 (10/00)