

# 2007 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **998000050005**  
 1. Entity Name  
**Wide Eyed Information Services, Inc.**

**FILED**  
**00 SEP 25 PM 2:09**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**6499 NW 9th Ave** **Same**  
**Suite 201**  
**Ft. Lauderdale, FL 33309**

**7/12/00 90004/040 \$150.00**  
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**Same** **Same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0846828** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CT Corporation Systems**  
**1200 S. Pine Island Road**  
**Plantation, FL 33324**

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 \_\_\_\_\_ (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, 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 NAME <b>Steve Lindenbaum</b> <input checked="" type="checkbox"/> Delete	TITLE NAME <b>Robert Brunton</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>6499 NW 9th Ave.</b>	STREET ADDRESS <b>6499 NW 9th Ave</b>
CITY-ST-ZIP <b>Ft. Lauderdale, FL 33309</b>	CITY-ST-ZIP <b>Ft. Lauderdale, FL 33309</b>
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <input checked="" type="checkbox"/> Delete	TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **Robert Brunton** **Robert Brunton**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

August 23, 2000

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

To Whom It May Concern:

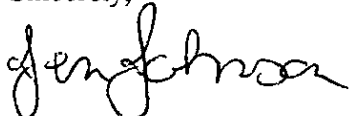
Please be advised, this is our third written letter of communication. In addition, to several phone conversations with Divisions of Corporations regarding our status on our annual /uniform business reports on the following corporations.

- Skoland Financial, Inc.- Fed. ID# 65-0808774
- Evans & Barrett, Inc. - Fed. ID # 65-0845323
- Lem Financial, Inc. – Fed. ID # 65-0844630
- Wide Eyed Information Services, Inc. – Fed. ID# 65-0846828

Since, our reports were never received, and due to lack of Internet capabilities in which to download them, three requests of additional mailings were made. As per our phone conversations with the state, we were advised upon mailing of our reports to include a letter of explanation for lateness and the additional fees would be waived. Attached are our copies of the reports, and previous letters. Additionally, please note we did not receive our reports until July 2000. However, we had our new accountant download them for immediate process with the state in May.

Once again, upon advisement from the state, after speaking with a Megan on August 23, 2000, we were told to resend a letter for the state to correct. Thus, our second request of fee's waived for the above corporations. Thank you for your immediate attention in this matter.

Sincerely,



Jennifer Johnson  
Business Administrator