

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90037 034 ***150.00

DOCUMENT # P98000063422

1. Entity Name

~~A-DISCOUNT AUTO RENTAL OF NAPLES, INC.~~

WISDOMDANES, Inc.

Name amended
in December 2000

Principal Place of Business

2070 GOLDEN GATE BOULEVARD WEST
NAPLES FL 34116

Mailing Address

2070 GOLDEN GATE BOULEVARD WEST
NAPLES FL 34116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3526924

Applied For

Not Applicable

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

HENSEL, HOWARD
2070 GOLDEN GATE BLVD. W
NAPLES FL 34116

Name

LARRY M. WISDOM

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

2070 Golden Gate Blvd. W.

City

FL

Zip Code

34120

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

STD LARRY M. WISDOM

4-3-01

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 PD
NAME HENSEL, HOWARD C ☒ Delete
STREET ADDRESS 2070 GOLDEN GATE BOULEVARD WEST
CITY-ST-ZIP NAPLES FL 34116

TITLE PD
NAME Melanie G. Wisdom ☒ Change ☐ Addition
STREET ADDRESS 2070 Golden Gate Blvd. W.
CITY-ST-ZIP Naples, FL 34120

TITLE STD
NAME WISDOM, LARRY M ☐ Delete
STREET ADDRESS 2070 GOLDEN GATE BOULEVARD WEST
CITY-ST-ZIP NAPLES FL 34116

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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

4-3-01

941 352 1112

Date

Daytime Phone #

CR2E034 (10/00)