

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90045 037 ***150.00

DOCUMENT # P98000066021

1. Entity Name
WISE COUNSEL FINANCIAL SERVICES, INC.

Principal Place of Business: **6314 PIKETON ST. ORLANDO FL 32810**
 Mailing Address: **PO BOX 680206 ORLANDO FL 32868-0206**

2. Principal Place of Business: **2312 Lielasus Drive**
 Suite, Apt. #, etc. **N/A**
 3. Mailing Address: **2312 Lielasus Drive**
 Suite, Apt. #, etc. **N/A**

City & State: **Orlando Florida**
 Zip: **32835** Country: **USA**

4. FEI Number: **59-3633408** Applied For: Applied For Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PELHAM, DONO WAREZ
6314 PIKETON ST.
#308
ORLANDO FL 32810

7. Name and Address of New Registered Agent
 Name: **SAME NAME**
 Street Address (P.O. Box Number is Not Acceptable): **2312 Lielasus Drive**
 City: **Orlando** State: **FL** Zip Code: **32835**

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: **Dono W. Pelham** (Signature, typed or printed name of registered agent and title if applicable.)
 Registered Agent Signature: **[Signature]** (NOTE: Registered Agent signature required when reinstating.)
 DATE: **3/24/00**

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: VD	<input type="checkbox"/> Delete
NAME: DONO, PELHAM	
STREET ADDRESS: 6314 PIKETON ST.	
CITY-ST-ZIP: ORLANDO FL 32810	
TITLE: VD	<input type="checkbox"/> Delete
NAME: PELHAM, ANGELIC	
STREET ADDRESS: 6314 PIKETON ST.	
CITY-ST-ZIP: ORLANDO FL 32810	
TITLE: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: 2312 Lielasus Drive	
CITY-ST-ZIP: Orlando FL 32835	
TITLE: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: 2312 Lielasus Drive	
CITY-ST-ZIP: Orlando FL 32835	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

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: **Dono W. Pelham** (Signature and typed or printed name of signing officer or director)
 Date: **3/24/00**
 Daytime Phone #: **407-297-9473**