

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90006 003 \*\*\*150.00

**DOCUMENT # P98000101126**

1. Entity Name

**WISDOM PRESS, INC.**

Principal Place of Business

**525 W PLANT ST  
WINTER GARDEN FL 34787**

Mailing Address

**P.O. BOX 771045  
WINTER GARDEN FL 34777**

**549498**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3547101**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MUIR, ROBERT H  
525 WED PLANT ST  
WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

Name **R. H. Muir**

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

**4848 Lake Carlton Dr**

City **Int. Data**

FL

Zip Code **32757**

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

**5-1-2001**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MUIR, ROBERT H</b>	
STREET ADDRESS	<b>762 CHICAGO AVENUE</b>	
CITY-ST-ZIP	<b>OCFEE FL 34761</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HUMPHREY, ROBERT L</b>	
STREET ADDRESS	<b>525 W. PLANT STREET</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

**5-1-2001 352 735-6643**

CR2E034 (10/00)