

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008491

1. Entity Name

NETWISE TECHNOLOGY, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90002 031 ***150.00

Principal Place of Business

2406 W PLATT ST #C
TAMPA FL 33609

Mailing Address

2406 W PLATT ST #C
TAMPA FL 33609-3346

2. Principal Place of Business

120 6th Street South
Suite, Apt. #, etc.

3. Mailing Address

120 6th St. South
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Saint Petersburg, FL

City & State

Saint Petersburg, FL

4. FEI Number

593552211

Applied For

Not Applicable

Zip

Country

33701

USA

Zip

Country

33701

USA

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

FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DR #37
PALM HARBOR FL 34684

Name
RESIDENT AGENT CORPORATION OF PINELLAS COUNTY

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

City
ST. PETERSBURG

FL

Zip Code
33710

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

Howard P. Ross, HOWARD P. ROSS, VICE PRESIDENT

4/19/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WADLE, RANDI C	
STREET ADDRESS	2406 W PLATT ST #C	
CITY-ST-ZIP	TAMPA FL 33609	
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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADLE, RANDI C	
STREET ADDRESS	120 6th ST SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FLORIDA 33701	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TELLBUESCHER, CHRISTOPHER E.	
STREET ADDRESS	120 6th ST. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FLORIDA 33701	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTONINO, JIM	
STREET ADDRESS	120 6th ST. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FLORIDA 33701	
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00 (727) 895-5100

Date

Daytime Phone #

CR2E034 (9/99)