

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008491

1. Entity Name

NETWISE TECHNOLOGY, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90015 004 ***150.00

Principal Place of Business

120 6TH ST SOUTH
SAINT PETERSBURG FL 33701

Mailing Address

120 6TH ST SOUTH
SAINT PETERSBURG FL 33701

2. Principal Place of Business

1128 Central Ave.

3. Mailing Address

1128 Central Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3552211

Applied For

Not Applicable

Zip

Country

33705

US

Zip

Country

33705

US

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

RESIDENT AGENT CORPORATION OF PINELLAS CO
980 TYRONE BLVD
SAINT PETERSBURG FL 33710

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

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	P	<input type="checkbox"/> Delete
NAME	WADLE, RANDI C	
STREET ADDRESS	120 6TH SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	V	<input type="checkbox"/> Delete
NAME	TELLBUESHER, CHRISTOPHER E	
STREET ADDRESS	120 6TH ST. SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANTONINO, JIM	
STREET ADDRESS	120 6TH ST SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
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	1128 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tellbuesher, Christopher E.	
STREET ADDRESS	1128 Central Ave	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antonino, Jim	
STREET ADDRESS	1128 Central Ave	
CITY-ST-ZIP	St. Petersburg, FL 33705	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/01

727-895-5100

CR2E034 (10/00)