## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000027506** WISE INSURANCE & INVESTMENTS, INC. Principal Place of Business Mailing Address 1178 SW 33 STREET 1178 SW 33 STREET PALM CITY FL 34990 PALM CITY FL 34990-3410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

WISECUP, TAMMY

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7iP

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

NAME

NAME STREET ADDRESS

TITLE

NAME

1178 SW 33 STREET PALM CITY FL 34990

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

WISEUP, TAMMY

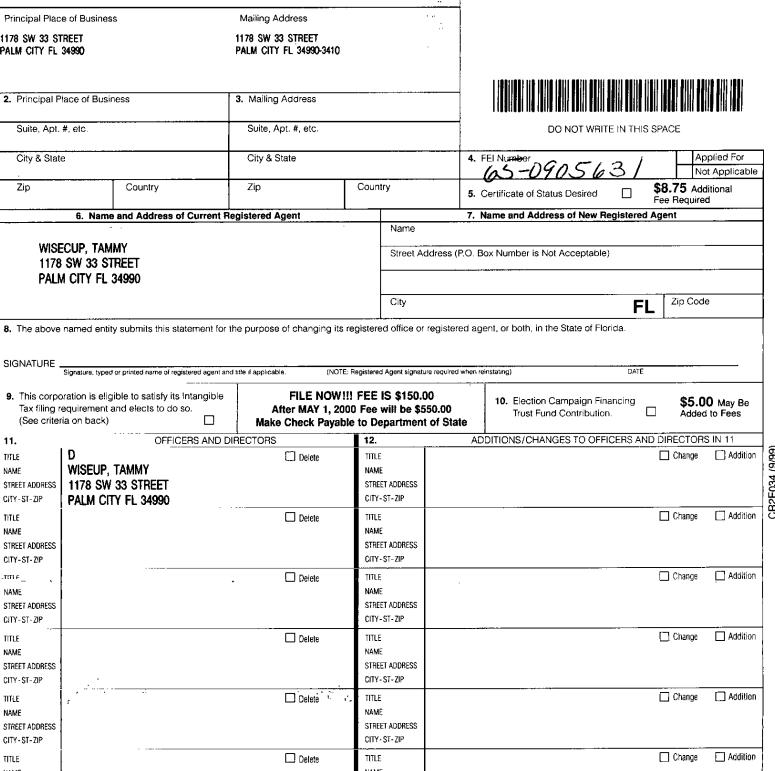
1178 SW 33 STREET

PALM CITY FL 34990

(See criteria on back)

## **FILED** Feb 27, 2000 8:00 am Secretary of State

02-27-2000 90079 003 \*\*\*150.00



13. I hereby certify that the information supplied with this filling 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.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Delete

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12. TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CiTY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGN IG OFFICER OR DIRECTOR