

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031642

1. Entity Name

WISE GUYS OF GAINESVILLE, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90070 046 ***150.00

Principal Place of Business

Mailing Address

201 SE 1ST AVE..BASEMENT
 GAINESVILLE FL 32601

201 SE 1ST AVE..BASEMENT
 GAINESVILLE FL 32601-6818

2. Principal Place of Business

3. Mailing Address

101 SE 2nd Plce

101 SE 2nd Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State
 Gainesville FL

City & State
 Gainesville FL

4. FEI Number

59-3571518

Applied For

Not Applicable

Zip

Country

Zip

Country

32601

USA

32601

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

DICANDIA, CONO
 201 SE 1ST AVE..BASEMENT
 GAINESVILLE FL 32601

Name

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

101 SE 2nd Plce

Suite 100

City

Gainesville

FL

Zip Code

32601

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, 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 D ☐ Delete
 NAME DICANDIA, CONO
 STREET ADDRESS 201 SE 1ST AVE..BASEMENT
 CITY-ST-ZIP GAINESVILLE FL 32601

TITLE P ☒ Change ☐ Addition
 NAME Cono Dicandia
 STREET ADDRESS 101 SE 2nd Plce Suite 100
 CITY-ST-ZIP Gainesville FL 32601

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Joseph Z. Tane
 STREET ADDRESS 101 SE 2nd Plce Suite 100
 CITY-ST-ZIP Gainesville FL 32601

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00
 Date

352-367-0607
 Daytime Phone #

CR2E034 (9/99)