

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000063474**

1. Entity Name

**NEEDLE WISE DESIGN, INC.****FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91568 046 \*\*\*150.00

Principal Place of Business

23145 W. ELDORADO AVE.  
BONITA SPRINGS FL 34134-7202

Mailing Address

23145 W. ELDORADO AVE.  
BONITA SPRINGS FL 34134-7202

2. Principal Place of Business

4101 Colonial Blvd

3. Mailing Address

4101 Colonial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Fort Myers FL

City &amp; State

Fort Myers

4. FEI Number **59-3588496**

Applied For

Not Applicable

Zip

33912

Country

Lee

Zip

33912

Country

Lee

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

6. Name and Address of Current Registered Agent

WISE, MARY BETH  
23145 W. ELDORADO AVE.  
BONITA SPRINGS FL 34134-7202

7. Name and Address of New Registered Agent

Name

Wise, Mary Beth

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

1717 SE 14th Ter

Cape Coral

FL

Zip Code

33990

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

*Mary Beth Wise*

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WISE, MARY BETH</b>
STREET ADDRESS	<b>23145 W. ELDORADO AVE.</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134-7202</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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 #

CR2E034 (10/00)

*Attchment*

*#P99000063474*  
*767305* MAY 6, 2001

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P O BOX 1500  
TALLAHASSEE FL 32302-1500

RE: DOC # P99000063474 NEEDLE WISE DESIGN

I am sending this letter along with my check for 150.00. I realize this amount was due on may 1<sup>st</sup> and is now late, but I was out sick for the last month with phenomena and unable to come into the office to take care of these matters.

Sincerely

MARY B. WISE