

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90073 015 ***150.00

DOCUMENT # **L01218**

1. Entity Name
WHITENER ENTERPRISES, INC.

B0052386



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% NANCY JO WHITENER **% NANCY JO WHITENER**
4485 GLENBROOK LANE **4485 GLENBROOK LANE**
PALM HARBOR FL 34683 **PALM HARBOR FL 34683**

2. Principal Place of Business 3. Mailing Address
1652 Orchardgrove Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
New Port Richey
 City & State City & State
FLORIDA
 Zip Country Zip Country
34655 **US**

4. FEI Number Applied For
65-0140841 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WHITENER, NANCY JO
~~**4485 GLENBROOK LANE**~~ *1652 Orchardgrove Ave*
~~**PALM HARBOR FL 34683**~~ *New Port Richey, FL 34655*

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	DPT <input type="checkbox"/> Delete
NAME	WHITENER, KENNETH E., JR
STREET ADDRESS	4485 GLENBROOK LN <i>1652 Orchardgrove Ave</i>
CITY-ST-ZIP	PALM HARBOR FL <i>New Port Richey, FL 34655</i>
TITLE	VS <input type="checkbox"/> Delete
NAME	WHITENER, NANCY JO
STREET ADDRESS	4485 GLENBROOK LN <i>1652 Orchardgrove Ave</i>
CITY-ST-ZIP	PALM HARBOR FL <i>New Port Richey, FL 34655</i>
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Address only</i>
STREET ADDRESS	<i>1652 Orchardgrove Ave</i>
CITY-ST-ZIP	<i>New Port Richey, FL 34655</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Address only</i>
STREET ADDRESS	<i>1652 Orchardgrove Ave</i>
CITY-ST-ZIP	<i>New Port Richey, FL 34655</i>
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: *Nancy Jo Whitener* **Nancy Jo Whitener** Date: **3-15-02** Daytime Phone #: **727-375-5337**

CR2E034 (9/01)