

04-02-2003 90389 011 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | | |
|---|---|--|---|--|
| DOCUMENT # L01218 | | | 1. Entity Name WHITENER ENTERPRISES, INC. | |
| Principal Place of Business 1652 ORCHARDGROVE AVE NEW PORT RICHEY, FL 34655 | | | Mailing Address % NANCY JO WHITENER 4485 GLENBROOK LANE PALM HARBOR, FL 34683 | |
| 2. Principal Place of Business | | 3. Mailing Address <i>1652 Orchardgrove Ave</i> | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State <i>New Port Richey, FL</i> | | 4. FEI Number 65-0140841 |
| Zip | | Country <i>US</i> | | Applied For Not Applicable |
| 5. Certificate of Status Desired | | <input type="checkbox"/> \$5.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | |
| WHITENER, NANCY JO 1652 ORCHARDGRAVE AVE NEW PORT RICHEY, FL 34655 | | 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. I am familiar with, and accept the obligations of registered agent. | | | | |
| SIGNATURE _____ DATE _____ | | | | |
| <small>Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)</small> | | | | |
| | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OPT WHITENER, KENNETH E., JR 1652 ORCHARDGROVE AVE NEW PORT RICHEY, FL 34655 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS WHITENER, NANCY JO 1652 ORCHARDGROVE AVE NEW PORT RICHEY, FL 34655 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | |
| SIGNATURE: <i>Nancy Jo Whitener</i> | | DATE: <i>3-30-03</i> | | |
| TITLE: <i>VICE PRES.</i> | | PHONE: <i>727-375-5737</i> | | |

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CHECK HERE IF MAKING CHANGES

CRE034 (11/02)