2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90046 047 ***158.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000079988

1. Entity Name

GEORGE B. WITTMER ASSOCIATES, INC.

Principal Place of Business	Mailing Address
938 HALL PARK RD BLDG. 707 GREEN COVE SPRINGS FL 32043 US	938 HALL PARK RD BLDG. 707 GREEN COVE SPRINGS FL 32043-4934 US

2. Principal Place of Business	3. Mailing Address
625 Oak Street	625 Oak Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Green Cove Springs, FL	City & State: Green Cove Springs, FL
Zip: 32043 Country: US	Zip: 32043 Country: US

4. FEI Number 65-0450042 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BREDE, J. DANIEL
STE. 201, EAST BUILDING
1900 CORPORATE BLVD., N.W.
BOCA RATON FL 33431

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 [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	PD	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	WITTMER, GEROGE		NAME	Wittmer, George	
STREET ADDRESS	80 DEPOT AVENUE		STREET ADDRESS	625 Oak Street	
CITY-ST-ZIP	DELRAY BEACH FL		CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WITTMER, GEORGE		NAME		
STREET ADDRESS	938 HALL PARK RD		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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] President G. WITTMER 2/1/00 904/284-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #