2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90081 016 ***150.00

DOCUMENT # P94000050654

1. Entity Name

FITZSIMMONS WHITLEY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
N. STATE RD. 7 CREEK FL 33309	6506 N. STATE RD. 7 COCONUT CREEK FL 33073-3623 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6518 N. State Rd 7	6518 N. State Rd 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Creek, FL	City & State: Coconut Creek, FL
Zip: 33073 Country:	Zip: 33073 Country:

4. FEI Number 65-0504425 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FITZSIMMONS, WILLIAM J
6250 NORTH ANDREWS AVENUE
SUITE 206
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: William J. Fitzsimmons
Street Address (P.O. Box Number is Not Acceptable): 6526 NW 97th Drive
City: Parkland FL Zip Code: 33076

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] DATE 4/12/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D FITZSIMMONS, WILLIAM J 7160 NW 44TH LANE COCONUT CREEK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fitzsimmons, William J 6526 NW 97th Drive Parkland, FL 33076	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 REQUIRED [signature] 4/12/00 954-429-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #