

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 01, 2000 8:00 am
Secretary of State
 09-01-2000 90061 018 ***150.00

DOCUMENT # P98000036041

1. Entity Name
WHITLOCK LAND SURVEYING, INC.

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Principal Place of Business 108 NORTH CIRCLE SEBRING FL 33870	Mailing Address 108 NORTH CIRCLE SEBRING FL 33870
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0861792	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITLOCK, JAMES WILLIAM JR.
108 NORTH CIRCLE
SEBRING FL 33870**

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 _____

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	WHITLOCK, JAMES WILLIAM JR.
STREET ADDRESS	108 NORTH CIRCLE
CITY-ST-ZIP	SEBRING FL 33870
TITLE	D <input type="checkbox"/> Delete
NAME	WHITLOCK, KATHY
STREET ADDRESS	108 NORTH CIRCLE
CITY-ST-ZIP	SEBRING FL 33870
TITLE	D <input type="checkbox"/> Delete
NAME	TEEPLE, SUSAN JOANNE
STREET ADDRESS	7695 ST ANDREWS BLVD
CITY-ST-ZIP	LAKE WORTH FL 33467
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 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	
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 recipient of Justice 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 files empowered.

SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
 Date _____ Daytime Phone # **8-20-00 863-91-6900**

CR2E034 (5/00)

Attachment Doc #
P9800036041
D0083070

This is the first
report received.
Never received
previously. Per
Cynthia, we are
enclosing the
\$150 fee. Thank you