

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90047 002 ***150.00

0007083 AV

DOCUMENT # **V48600**

1. Entity Name
WHIP-IT PRODUCTS, INC.



Principal Place of Business
**4755 SPANISH TRAIL
SUITE C-4
PENSACOLA FL 32504
US**

Mailing Address
**P.O. BOX 90128
PENSACOLA FL 32503-1128
US**



2. Principal Place of Business
6876 Quinn St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MILTON, FL

City & State

4. FEI Number **59-3117025**

Applied For
Not Applicable

Zip
32583

Country
USA

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAUDET, CAROL
4755 SPANISH TRAIL
C-4
PENSACOLA FL 32503-3250**

Name
Street Address (P.O. Box Number is Not Acceptable)
6876 Quinn St.
City **MILTON** FL Zip Code **32580**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	CEO WATSON, J.W. 4097 LUTHER FOWLER PACE FL 32570	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, JOHN W 4133 ARGENTA WAY PENSACOLA FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WATSON, JOANN H 4133 ARGENTA WAY PENSACOLA FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: **SIGNATURE OF REGISTERED AGENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8-11-03** Daytime Phone # **850-636-6300**

CR2E034 (4/03)

Attachment

80139061

#V48600

Whip-It Products, Inc.

INDUSTRIAL & MARINE CLEANING PRODUCTS

P.O. BOX 30128 • PENSACOLA, FLORIDA 32503

6266300
850-436-2425

(FAX) 850-436-2077

6266264

Uniform Business Report
Division of corporations
P. O. Box 1500
Tallahassee, FL 32502-1500

To Whom It May Concern:

This is our first notice of the Uniform Business Report document #V48600 that we have received. Please note that our address has been changed on the form. The change of address may have caused us not to receive the first notice. We are requesting the late fee be waived. I am sending our filing fee of \$150.00 with our form. Please contact us at 850-626-6300 if there is any questions.

Thank you


Jeann Watson