2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with ar

FILED DOCUMENT # P0000000366 Mar 17, 2000 8:00 am **Secretary of State** WETHERBY CONSULTING, INC. 03-17-2000 90073 050 ***155.00 Principal Place of Business Mailing Address 1208 NORTH LEE STREET, #171 1208 NORTH LEE STREET, #171 LEESBURG FL 34748-4058 LEESBURG FL 34748-4058 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WETHERBY, PHILLIP W Street Address (P.O. Box Number is Not Acceptable) 1208 NORTH LEE STREET, #171 LEESBURG FL 34748-4058 Zip Code anging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this SIGNATURE NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE WETHERBY, PHILLIP W NAME STREET ADDRESS 1208 NORTH LEE STREET, #171 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748-4058 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 | 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 eath; that I am an officer or director accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee

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