

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 264649

1. Entity Name

WITTNER & CO.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90331 031 ***150.00

Principal Place of Business

Mailing Address

C/O TED P WITTNER
 5999 CENTRAL AVE STE 400
 ST PETERSBURG FL 33710

P.O. BOX 11629
 5999 CENTRAL AVE STE 400
 ST PETERSBURG FLA 33733-1629
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1007223

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WITTNER, TED P
 5999 CENTRAL AVE., SUITE 400
 ST PETERSBURG FL 33710

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, 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
 NAME WITTNER, JEAN GILES
 STREET ADDRESS 5999 CENTRAL AVE., S-400
 CITY-ST-ZIP ST PETERSBURG FL

TITLE PS ☒ Change ☐ Addition
 NAME WITTNER, JEAN GILES
 STREET ADDRESS 5999 CENTRAL AVE S400
 CITY-ST-ZIP ST PETERSBURG FL

TITLE STV ☐ Delete
 NAME WOODARD, KATHRYN A
 STREET ADDRESS 5999 CENTRAL AVE., S-400
 CITY-ST-ZIP ST PETERSBURG FL

TITLE TV ☒ Change ☐ Addition
 NAME WOODARD, KATHRYN A
 STREET ADDRESS 5999 CENTRAL AVE S. 400
 CITY-ST-ZIP ST PETERSBURG FL

TITLE CD ☐ Delete
 NAME WITTNER, TED P
 STREET ADDRESS 5999 CENTRAL AVE., S-400
 CITY-ST-ZIP ST PETERSBURG FL

TITLE DV ☐ Change ☒ Addition
 NAME SCHMIDT, DALE F
 STREET ADDRESS 5999 CENTRAL AVE S. 400
 CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Kathryn A Woodard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 KATHRYN A WOODARD

7/27/00 727-384-3000
 Date Daytime Phone #

CR2E034 (9/99)