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Jan 11, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 300297

Secretary of State 1. Entity Name WITTMAN ENTERPRISES, INC. 01-11-2002 90008 010 ***150.00 Principal Place of Business Mailing Address 542 OWNBY DR N 542 OWNBY DR N **GATLINBURG TN 37738 GATLINBURG TN 37738** 2. Principal Place of Business 3. Mailing Address Ridge CR. 116 Cedar 116 Cedar DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1110244 Not Applicable zip (3 2080 \$8.75 Additional 5. Certificate of Status Desired St. Johns Johns 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSS, W CHET Street Address (P.O. Box Number is Not Acceptable) 911 NO BLVD W LEESBURG FL 34748 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (10/6) Change TITLE ☐ Delete TITLE with man, Margaret I. 116 Cedar Ridge a. WITTMAN, MARGARET J NAME NAME CR2E034 542 OWNBY DR N STREET ADDRESS STREET ADDRESS St. Augustine, Fl. 32080 **GATLINBURG TN 37738** CITY-ST-ZIP CITY-ST-ZIP **∀**Change Addition TITLE ☐ Delete TITLE Withman, Margaret J. WITMMAN, MARGARET J. NAME NAME 116 Cedar Ridge a. 542 OWNBY DR N STREET ADDRESS STREET ADDRESS **GATLINBURG TN 37738** CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete 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 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 of 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.