

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 376134

1. Entity Name
WHS, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90021 008 ***150.00

Principal Place of Business
1135 MARIPOSA AVE.
BARTOW FL 33830

Mailing Address
1135 MARIPOSA AVE.
BARTOW FLA 33830-7338

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1319513

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STIDHAM, WOFFORD H
1135 MARIPOSA
BARTOW FL 33830

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

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

TITLE PD ☐ Delete
NAME STIDHAM, WOFFORD H.
STREET ADDRESS 1135 MARIPOSA
CITY-ST-ZIP BARTOW FL

TITLE TD ☐ Delete
NAME STIDHAM, WOFFORD H
STREET ADDRESS 1135 MARIPOSA
CITY-ST-ZIP BARTOW FL

TITLE SV ☐ Delete
NAME STIDHAM, JEFFERY W.
STREET ADDRESS 305 E LEMON ST
CITY-ST-ZIP BARTOW FL

TITLE VD ☐ Delete
NAME STIDHAM, JONATHAN
STREET ADDRESS 645 E CHURCH STREET
CITY-ST-ZIP BARTOW FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/14/00 (863) 533-9581 Daytime Phone #

CR2E034 (9/99)