

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91754 033 ***150.00

DOCUMENT # **376134**

1. Entity Name

WHS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1135 MARIPOSA AVE.

Suite, Apt. #, etc.

3. Mailing Address

1135 MARIPOSA AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BARTOW FL

City & State

BARTOW FL

4. FEI Number

59-1319513

Applied For

Not Applicable

Zip

33830

Country

Zip

33830

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STIDHAM, WOFFORD H

Street Address (P.O. Box Number is Not Acceptable)

1135 MARIPOSA

City

BARTOW

FL

Zip Code

33830

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25.
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 NAME STREET ADDRESS CITY - ST - ZIP	PD STIDHAM, WOFFORD H. 1135 MARIPOSA BARTOW FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STIDHAM, WOFFORD H. 1135 MARIPOSA BARTOW FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV STIDHAM, JEFFERY W. 305 E. LEMON ST BARTOW FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STIDHAM, JONATHAN 645 E CHURCH STREET BARTOW FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered

SIGNATURE:

JONATHAN STIDHAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 863-533-0866