

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 416437

1. Entity Name

WHATLEY CO., INC.

Principal Place of Business

1050 NO JEFFERSON
MONTICELLO FL 32344
US

Mailing Address

1050 NO JEFFERSON
MONTICELLO FL 32344-2245
US

2. Principal Place of Business

1050 N JEFFERSON

Suite, Apt. #, etc.

3. Mailing Address

MONTICELLO FL 32344

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1438425

Applied For

Not Applicable

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

1050
WHATLEY, MARY M
U S HWY 19 NORTH
MONTICELLO FL 32344

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	D	<input type="checkbox"/> Delete
NAME	WHATLEY, MARY M	
STREET ADDRESS	U S HWY 19 NORTH	
CITY-ST-ZIP	MONTICELLO, FL 00000	
TITLE	PST	<input type="checkbox"/> Delete
NAME	WHATLEY, MARY M	
STREET ADDRESS	U S HWY 19 NORTH	
CITY-ST-ZIP	MONTICELLO, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHATLEY, J C	
STREET ADDRESS	U S HWY 19 NORTH	
CITY-ST-ZIP	MONTICELLO, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

3/4/2000

850-973 2815

Daytime Phone #

MARY M WHATLEY

CR2E034 (9/99)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90071 018 ***150.00



DO NOT WRITE IN THIS SPACE