941-366-3287

2001 UNIFORM BUSINESS REPORT (UBR)

<u>John G. Griggs Owner</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # 595539** 1. Entity Name WHITNEY DESIGN AND ASSOCIATES, INC. 04-25-2001 90035 030 ***150.00 Principal Place of Business Mailing Address 3130 47TH ST 3130 47TH ST SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1863171 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIGGS, JOHN Street Address (P.O. Box Number is Not Acceptable) 3130 47TH ST. SARASOTA FL 34234 Zip Code FL 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) PD ☐ Change ☐ Addition TITLE Delete TITLE GRIGGS, JOHN NAME NAME STREET ADDRESS 3130 47TH ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STANLEY, THOMAS G. NAME STREET ADDRESS 3130 47TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Delete ☐ Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated indicated on this report or supplemental report is true and accurate and that my signature shall have of the corporation or the receiver or trustee empowered to execute this report as reputed by Chapter Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director 601, 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.