

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F39383

1. Entity Name

WHISTLE STOP, INC.

Principal Place of Business

196 W CAMINO REAL
BOCA RATON FL 33432

Mailing Address

196 W CAMINO REAL
BOCA RATON FL 33432

2. Principal Place of Business

197 W. Camino Real

Suite, Apt. #, etc.

3. Mailing Address

197 W. Camino Real

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

59-2101001

Applied For

Not Applicable

Zip

33432

Country

Palm Bch

Zip

33432

Country

Palm Bch

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

SHEFFLER, ROSE D.
196 W CAMINO REAL
BOCA RATON FL 33432

Name

Sheffler, Rose D.

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

197 W. Camino Real

City

Boca Raton

FL

Zip Code

33432

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, 2001 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
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
SHEFFLER, ROSE
2798 N W 27TH TERR
BOCA RATON, FL 00000

☐ Delete

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☐ Change ☐ Addition

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

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90114 007 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)