## **2003 FOR PROFIT CORPORATION**

F53718

## **UNIFORM BUSINESS REPORT (UBR)**

1. Entity Name

DOCUMENT #

WITTNER & ASSOCIATES, INC.

Principal Pla	on of Cusinoss		Mailian Add								
Principal Place of Business C/O TED P WITTNER			Mailing Address P.O. BOX 11629					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
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•	AL AVE STE 40	J	5999 CENTRAL AVE STE 400 ST. PETERSBURG FL 33733							A	
SI. PEIERSB	URG FL 33710		US	BUKG FL 33/33							
2. Principal	Place of Busin	ess	3. Mailing Address								
_Suite,_Ap	t. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Sta	ate .		City & State				4. FEI Number 59-2207968		$\vdash$	Applied For Not Applicable	
Zip	Zip Country			Zip ·			5. Certificate of Status Desired		75 Add	litional	1
-,;	6. Name	and Address of Current F	Registered Age	ent		<del></del>	7. Name and Address of New R	egistered Ager	nt		1
			3 3		Name		-				1
CCUMINT	DALEE						Scholtz			1170	
SCHMIDT, DALE F 5999 CENTRAL AVENUE, 4TH FLOOR					Street	Address (P.0	D. Box Number is Not Acceptable	)			
ST. PETERSBURG FL 33710						-h F-LO					
					City S7	. PETE	25BURG	FL	Zip Code <b>337</b> 1	•	
			the purpose of	changing its re	egistered office	or registered	agent, or both, in the State of Flo	rida. Lam famil	liar with,	and accept	7
the obliga	ations of registe	ered agent.	) / /	) /1.							ì
SIGNATURE		MAMAL 1	sek!	ult.	The	as	3	126/0	3		
SIGNATURE		or printed name of registered agent a	nd title if applicable.	(NOTE: F	Registered Agent sign	nature required wh	nen reinstating)	DATE			
	ELE NOWE	FEE_IS_\$150.00		<b>v</b>				- · - ·	·		1
		3 Fee will be \$550.00			<u>ئىنى-بى</u>		9. Election Campaign Fin			May Be	- -
		Florida Department of	State				Trust Fund Contribution	n. 🗆	Added	I to Fees	
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND I	DIRECTORS	···	11.		ADDITIONS/CHANGES TO OFFI	ICERS AND DIF	ECTORS	S IN 11	┨
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NAME	WITTNER.	JEAN GILES			NAME				_		13
STREET ADDRESS		RAL AVENUE #400			STREET ADDRESS	s					
CITY-ST-ZIP	ST PETERS				CITY-ST-ZIP						13
TITLE	PD		Г	Delete	TITLE	1			Change	Addition	18
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STREET ADDRESS		RAL AVENUE #400			STREET ADDRESS	s					
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 10, 2003 8:00 am § Secretary of State

**FILED** 

04-10-2003 90073 024 \*\*\*150.00