

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-10-2003 90073 024 ***150.00

DOCUMENT # F53718

1. Entity Name

WITTNER & ASSOCIATES, INC.



Principal Place of Business

C/O TED P WITTNER
5999 CENTRAL AVE STE 400
ST. PETERSBURG FL 33710

Mailing Address

P.O. BOX 11629
5999 CENTRAL AVE STE 400
ST. PETERSBURG FL 33733
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2207968

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, DALE F
5999 CENTRAL AVENUE, 4TH FLOOR
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

Thomas A. Schultz

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

5999 Central Ave

4th Floor

City

ST. PETERSBURG

FL

Zip Code

33710

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas A. Schultz Treas

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WITTNER, JEAN GILES
STREET ADDRESS 5999 CENTRAL AVENUE #400
CITY-ST-ZIP ST PETERSBURG FL

TITLE PD ☐ Delete
NAME WITTNER, TED P
STREET ADDRESS 5999 CENTRAL AVENUE #400
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Jamell W. Stern
STREET ADDRESS 5999 Central Ave, #400
CITY-ST-ZIP ST PETERSBURG, FL 33710

TITLE ☐ Change ☒ Addition
NAME Thomas A. Schultz
STREET ADDRESS 5999 Central Ave, #400
CITY-ST-ZIP ST PETERSBURG, FL 33710

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas A. Schultz Treas

Date

Daytime Phone #

3/26/03

CR2E034 (10/02)