

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000000010**

1. Entity Name

Whitsyms LTD INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90085 022 ***158.75

Principal Place of Business

Mailing Address

**100E. Linton Blvd.
#123B
Delray Bch, FL 33483**

**100E. Linton Blvd.
#123B
Delray Bch, FL 33483**

2. Principal Place of Business

3. Mailing Address

100E. Linton Blvd.

100E. Linton Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

123B.

123B

City & State

City & State

Delray Bch.

Delray Bch.

Zip

Country

FL 33483

USA.

Zip

Country

FL 33483

USA

4. FEI Number

65-0639453

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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	President	<input type="checkbox"/> Delete
NAME	DONOVAN ANDERSON	
STREET ADDRESS	100E. Linton Blvd. #123B	
CITY-ST-ZIP	Delray Bch. FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

D. Anders — DONOVAN ANDERSON

Date

Daytime Phone #

03-29-00 (561) 279-0808