

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**  
 04-16-2001 90061 002 \*\*\*158.75

DOCUMENT # F96000000010

1. Entity Name

Whitsyms Limited Incorporated

Principal Place of Business

Mailing Address

WHITSYMS NURSING REGISTRY  
 100 E. LINTON BLVD. #409B  
 DELRAY BEACH, FL 33483

WHITSYMS NURSING REGISTRY  
 100 E. LINTON BLVD. #409B  
 DELRAY BEACH, FL 33483

00036999

2. Principal Place of Business

100E Linton Blvd.

Suite, Apt. #, etc.

409B

City & State

Delray Beach, FL

Zip

33483

Country

3. Mailing Address

100E Linton Blvd.

Suite, Apt. #, etc.

409B

City & State

Delray Bch, FL

Zip

33483

Country

4. FEI Number

65-0639453

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DONOVAN B ANDERSON  
 46 Gull WAY  
 Boynton Beach, FL 33436

7. Name and Address of New Registered Agent

Name: DONOVAN B. ANDERSON  
 Street Address (P.O. Box Number is Not Acceptable):  
 46 Gull WAY  
 City: Boynton Beach FL Zip Code: 33436

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: D. Anderson - DONOVAN B. ANDERSON President 2-20-01  
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

TITLE	President	<input type="checkbox"/> Delete
NAME	DONOVAN BASIL ANDERSON	
STREET ADDRESS	46 Gull WAY, B	
CITY-ST-ZIP	Boynton Bch, FL 33436	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	MARGARET R. IRVING	
STREET ADDRESS	5321 Jog Ln.	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	DONOVAN BASIL ANDERSON	
STREET ADDRESS	46 Gull WAY	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	MARGARET R. IRVING	
STREET ADDRESS	5321 Jog Ln.	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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. Anderson - DONOVAN B. ANDERSON - President 2/20/01 561-279-0808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/100)