

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90004 019 ***158.75

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DOCUMENT # F96000000010
 1. Entity Name
WHITSYMS LIMITED INCORPORATED

Principal Place of Business 100 E LINTON BLVD 4096 DELRAY BCH FL 33483 US	Mailing Address 100 E LINTON BLVD 4096 DELRAY BCH FL 33483 US
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2. Principal Place of Business 100 E. Linton Blvd. Suite, Apt. #, etc. 506 B	3. Mailing Address 100 E. Linton Blvd. Suite, Apt. #, etc. 506 B
City & State Delray Bch. FL. 33483	City & State Delray Bch FL. 33483
Zip FL. 33483	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0639453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, DONOVAN 46 GULL WAY BOYNTON BEACH FL 33483	
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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete ANDERSON, DONOVAN B 46 GULL WAY B BOYNTON BEACH FL 33436	TITLE 5 Kimberley O. ANDERSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11050 S.W. 161 Terr. Miami, FL. 33157
TITLE VP	<input type="checkbox"/> Delete IRVING, MARGARET R 5321 JOG LANE DELRAY BEACH FL 33484	TITLE Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	<input type="checkbox"/> Delete ANDERSON, DONOVAN B 46 GULL WAY BOYNTON BEACH FL 33436	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input checked="" type="checkbox"/> Delete IRVING, MARGARET R 5321 JOG LANE DELRAY BEACH FL 33484	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: Donovan B. Anderson **ANDERSON, DONOVAN B.** 1-14-02 561-279-0808
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)