

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-10-2002 90004 019 ***158.75

DOCUMENT # F96000000010

1. Entity Name

WHITSYMS LIMITED INCORPORATED

Principal Place of Business

**100 E LINTON BLVD
 4098
 DELRAY BCH FL 33483
 US**

Mailing Address

**100 E LINTON BLVD
 4098
 DELRAY BCH FL 33483
 US**

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

Zip

FL 33483

Country

USA

4. FEI Number

65-0639453

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$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

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, 2002 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 **P** ☐ Delete
 NAME **ANDERSON, DONOVAN B**
 STREET ADDRESS **46 GULL WAY B**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **VP** ☐ Delete
 NAME **IRVING, MARGARET R**
 STREET ADDRESS **5321 JOG LANE**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **T** ☐ Delete
 NAME **ANDERSON, DONOVAN B**
 STREET ADDRESS **46 GULL WAY**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **S** ☒ Delete
 NAME **IRVING, MARGARET R**
 STREET ADDRESS **5321 JOG LANE**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **(5) Kimberley O. ANDERSON** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **11050 S.W. 161 Terr.**
 CITY-ST-ZIP **Miami, FL 33157**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Donovan B. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

Date

561-279-0808

Daytime Phone #

CR2E034 (9/01)