

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90071 010 ***158.75

DOCUMENT # F96000000010

1. Entity Name
WHITSYMS LIMITED INCORPORATED



Principal Place of Business
100 E LINTON BLVD
506 B
DELRAY BCH FL 33483
US

Mailing Address
100 E LINTON BLVD
506 B
DELRAY BCH FL 33483
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 **65-0639453**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, DONOVAN
46 GULL WAY
BOYNTON BEACH FL 33483

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VP** ☐ Change ☒ Addition
NAME **BEVERLY ANDERSON**
STREET ADDRESS **46 Gull way**
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 ☐ Change ☒ Addition
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

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

TITLE ☐ Change ☐ Addition
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE **S** ☐ Delete
NAME **ANDERSON, KIMBERLEY D**
STREET ADDRESS **11050 SW 161 TERRACE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition
NAME **[REDACTED]**
STREET ADDRESS **[REDACTED]**
CITY-ST-ZIP **[REDACTED]**

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: **[Signature] ANDERSON, DONOVAN B. ANDERSON**

1-24-03 561-279-0808

Date Daytime Phone #

CR2E034 (10/02)