

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91742 004 ***550.00

DOCUMENT # F97000000432

1. Entity Name
WHITCOMB, INC.

Principal Place of Business
1133 W. LONG LAKE RD
SUITE 200
BLOOMFIELD HILLS MI 48302

Mailing Address
1133 W. LONG LAKE RD
SUITE 200
BLOOMFIELD HILLS MI 48302

2. Principal Place of Business
1750 S. TELEGRAPH RD.

3. Mailing Address
1750 S. TELEGRAPH RD.

Suite, Apt. #, etc.
SUITE 301A

Suite, Apt. #, etc.
SUITE 301A

City & State
BLOOMFIELD HILLS, MI

City & State
BLOOMFIELD HILLS, MI

Zip
48302

Country

Zip
48302

Country

4. FEI Number
38-3340378

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

LUDIN, ERIC
5720 CENTRAL AVE.
ST PETERSBURG FL 33707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
CP ☐ Delete
NAME
ROSENZWEIG, JACK
STREET ADDRESS
1133 W LONG LAKE ROAD SUITE 200
CITY-ST-ZIP
BLOOMFIELD HILLS MI 48302

TITLE
VD ☐ Delete
NAME
DOVITZ, CLIFFORD J
STREET ADDRESS
1133 W LONG LAKE ROAD SUITE 200
CITY-ST-ZIP
BLOOMFIELD HILLS MI 48302

TITLE
VD ☐ Delete
NAME
LINKNER, JOSHUA
STREET ADDRESS
1133 W LONG LAKE ROAD SUITE 200
CITY-ST-ZIP
BLOOMFIELD HILLS MI 48302

TITLE
SD ☐ Delete
NAME
ROSENZWEIG, MARC
STREET ADDRESS
1133 W LONG LAKE ROAD SUITE 200
CITY-ST-ZIP
BLOOMFIELD HILLS MI 48302

TITLE
TD ☐ Delete
NAME
ROSENZWEIG, TODD
STREET ADDRESS
1133 W LONG LAKE ROAD SUITE 200
CITY-ST-ZIP
BLOOMFIELD HILLS MI 48302

TITLE
☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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STREET ADDRESS
CITY-ST-ZIP

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: **1**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/25/12 **1241/758-2140**
Date Daytime Phone

CR2E034 (9/01)