

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000003770**

1. Entity Name

WHITNEY CONSULTING SERVICES, INC.**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90025 033 ***150.00

0533808

Principal Place of Business 4818 CORONADO PARKWAY CAPE CORAL FL 33904	Mailing Address 4818 CORONADO PARKWAY CAPE CORAL FL 33904
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0913500	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**SIMON, RONALD S
1342 COLONIAL PKWY, STE 22
FT MYERS FL 33907****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 _____
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**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 NAME STREET ADDRESS CITY-ST-ZIP	PCD WHITNEY, RUSSELL A 4818 CORONADO PKWY CAPE CORAL FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BREVOORT, RICHARD 4818 CORONADO PKWY CAPE CORAL FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMON, RONALD S 1342 COLONIAL PKWY, STE 22 FT MYERS FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell Whitney 3/13/01

Date

941-542-8999

Daytime Phone #

CR2E034 (10/00)