

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90524 005 \*\*\*150.00

0514940 AV

**DOCUMENT # F99000003772**

1. Entity Name

WHITNEY INTERNET SERVICES, INC.



Principal Place of Business

4818 CORONADO PKWY  
CAPE CORAL FL 33904

Mailing Address

4818 CORONADO PKWY  
CAPE CORAL FL 33904

2. Principal Place of Business

1612 E. Cape Coral Pkwy  
Suite, Apt. #, etc.

3. Mailing Address

1612 E. Cape Coral Pkwy  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Cape Coral FL

City & State

Cape Coral FL

4. FEI Number

65-0925452

Applied For

Not Applicable

Zip

33904

Country

US

Zip

33904

Country

US

5. Certificate of Status Desired

☐

\$8.75-Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMON, RONALD S  
1342 COLONIAL PKWY, STE 222  
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. 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  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	WHITNEY, RUSSELL	
STREET ADDRESS	4818 CORONADO PKWY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BREVOORT, RICHARD	
STREET ADDRESS	4818 CORONADO PKWY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SIMON, RONALD S	
STREET ADDRESS	1342 COLONIAL PKWY, STE 22	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, RUSSELL	
STREET ADDRESS	4818 CORONADO PKWY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/03

239-542-0643

CR2E034 (10/02)