

FILED  
Feb 19, 2003 8:00 am  
Secretary of State

01-31-2003 90106 011 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G38634

1. Entity Name

THE WHISPERING EAGLE PRESS, INC.



Principal Place of Business  
11431 SW 154 AVENUE  
CEDAR KEY FL 32625  
US

Mailing Address  
PO BOX 344  
P. O. BOX 147050  
CEDAR KEY FL 32625

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 59-2316128

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LATTIMER, RICHARD L.

~~PO BOX 344~~

CEDAR KEY FL 32625

P.O. BOX 344

11431 S.W. 154 AVE.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME LATTIMER, RICHARD  
STREET ADDRESS PO BOX 344  
CITY-ST-ZIP CEDAR KEY FL 32625

☐ Delete

TITLE VP  
NAME LATTIMER, ALICE F.  
STREET ADDRESS PO BOX 344  
CITY-ST-ZIP CEDAR KEY FL 32625

☐ Delete

TITLE S  
NAME BRITT, ELIZABETH ANN  
STREET ADDRESS 4420 NW 70TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32608

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)