

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90119 046 \*\*\*150.00

DOCUMENT # **G92577**

1. Entity Name  
**THE WHITCOMB GROUP, INC.**



Principal Place of Business  
**1647 SUN CITY CENTER PLAZA  
SUITE 201-A  
SUN CITY CENTER FL 33573  
US**

Mailing Address  
**1647 SUN CITY CENTER PLAZA  
SUITE 201-A  
SUN CITY CENTER FL 33573  
US**



☐ CHECK HERE IF MAKING CHANGES

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 **59-2384756**

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

**WHITCOMB, STANLEY P., JR.  
1647 SUN CITY CENTER PLAZA, SUITE 204  
SUN CITY CENTER FL 33573**

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 fee 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

| 10. OFFICERS AND DIRECTORS |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | NAME                            | TITLE                                                 | NAME                                                              |
| DP                         | WHITCOMB, STANLEY P.            |                                                       |                                                                   |
| STREET ADDRESS             | 1647 SUN CITY PLAZA #204        |                                                       |                                                                   |
| CITY-ST-ZIP                | SUN CITY CENTER FL              |                                                       |                                                                   |
|                            | <input type="checkbox"/> Delete |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | NAME                            | TITLE                                                 | NAME                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |
|                            | <input type="checkbox"/> Delete |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | NAME                            | TITLE                                                 | NAME                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |
|                            | <input type="checkbox"/> Delete |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | NAME                            | TITLE                                                 | NAME                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |
|                            | <input type="checkbox"/> Delete |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | NAME                            | TITLE                                                 | NAME                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |
|                            | <input type="checkbox"/> Delete |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | NAME                            | TITLE                                                 | NAME                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                   |
|                            | <input type="checkbox"/> Delete |                                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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:

**STANLEY P. WHITCOMB, JR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/03**

**813 634 5842**

Date

Daytime Phone #

CR2E034 (10/02)