

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H55029

1. Entity Name

WETHERELL CONSULTING, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90019 047 ***150.00

Principal Place of Business

Mailing Address

OAK HILL PLANTATION
U.S. HIGHWAY 27
LAMONT FL 32336

P.O. BOX 37
LAMONT FL 32336-0037

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

59-2592640

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

WETHERELL, THOMAS K II
123 SOUTH CALHOUN STREET
C/O HOPPING GREEN SAMS & SMITH, P.A.
TALLAHASSEE FL 32314

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input type="checkbox"/> Delete
NAME	WETHERELL, T. K.	
STREET ADDRESS	OAK HILL PLANTATION, US HWY 27	
CITY-ST-ZIP	LAMONT FL 32336	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WETHERELL, THOMAS K II	
STREET ADDRESS	1800 GOLF TERRACE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	WETHERELL, VIRGINIA B	
STREET ADDRESS	OAK HILL PLANTATION, US HWY 27	
CITY-ST-ZIP	LAMONT FL 32336	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

April 25/00

850 897-6539

CR2E034 (9/99)