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

## Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # H56440** 1. Entity Name WHIRLY, INC. 04-19-2001 90298 002 \*\*\*150.00 Principal Place of Business Mailing Address C/O STEPHEN J. MITCHELL C/O STEPHEN J. MITCHELL 532849 P.O. BOX 3433 P.O. BOX 3433 TAMPA FL 33601 TAMPA FL 33601 2. Principal Place of Business 3. Mailing Address 1620 Gulf of Mexico Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2659385 / -Longboat Key, FL Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34228 . ---Fee Required --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KLAUBER, MURRAY J DR. Street Address (P.O. Box Number is Not Acceptable) 1620 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DPST ☐ Change X Addition TITI E X Delete TITI F DST KLAUBER, MURRAY J DR. Klauber, Murray J. NAME NAME 1620 GULF OF MEXICO DR. STREET ADDRESS 1620 Gulf of Mexico Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 Longboat Key, FL 34228 Delete ☐ Change ☐ Addition TITLE TITLE MCMAHON, JOHN T NAME NAME 1620 GULF OF MEXICO DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL 34228 CITY-ST-2IP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 observate 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 received by ustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an a

Murray J. Klauber, Director

941-383-7419

Daytime Phone #



532849

March 28, 2001

## CERTIFIED MAIL/RETURN RECEIPT REQUESTED Certificate No. 7000 1670 0002 5843 4663

Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

> Re: WHIRLY, INC. Document No. H56440

Dear Madam or Sir:

Enclosed for filing is the 2001 Uniform Business Report for the above referenced corporation, as well as our check in the amount of \$150.00 in payment of the required filing fee. If you have any questions, please contact the undersigned.

Sincerely,

Jody A. Nelson

Chief Financial Officer

JAN/ls Enclosures