FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90237 032 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H 56440

1. Entity Name
Whirly, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1620 Gulf of Mexico		%Stephen J. Mitchell	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 201 N. Franklin St., Suite 2100	
City & State Longboat Key, FL		City & State Tampa, FL	
Zip 34228	Country USA	Zip 33602	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 592659385 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dr. Murray J. Klauber

Street Address (P.O. Box Number is Not Acceptable)

1620 Gulf of Mexico Drive

City Longboat Key **FL** Zip Code 34228

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Director/President/Secretary/Treasurer
NAME	Dr. Murray J. Klauber
STREET ADDRESS	1620 Gulf of Mexico Drive
CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 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 on an attachment with an address, with all other names empowered.

SIGNATURE: Dr. Murray J. Klauber, President (941) 383-7419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #