

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90124 037 \*\*\*150.00

**DOCUMENT # K09637**

1. Entity Name

**W.E. CARE HEALTH PRODUCTS, INC.**

Principal Place of Business

**208 NE MONROE CIRCLE N  
 APT 107  
 ST. PETERSBURG FL 33702  
 US**

Mailing Address

**208 NE MONROE CIRCLE N  
 APT 107  
 ST. PETERSBURG FL 33702  
 US**

2. Principal Place of Business

**14301 DULCE REAL**  
 Suite, Apt. #, etc.

3. Mailing Address

**14301 DULCE REAL**  
 Suite, Apt. #, etc.

City & State

**FT. PIERCE, FL**

City & State

**FT. PIERCE, FL**

4. FEI Number

**59-2927518**

Applied For

Not Applicable

Zip

Country

**34951**

**US**

Zip

Country

**34951**

**US**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WHITLATCH, C. ROBERT  
 208 NE MONROE CIRCLE N  
 APT 107  
 ST. PETERSBURG FL 33702**

7. Name and Address of New Registered Agent

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

**C. ROBERT WHITLATCH**  
*C. Robert Whitlatch*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-6-01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	WHITLATCH, C. ROBERT	
STREET ADDRESS	208 NE MONROE CIRCLE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WHITLATCH, ROBERT G.	
STREET ADDRESS	208 NE MONROE CIRCLE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	WHITLATCH, MILDRED A.	
STREET ADDRESS	208 NE MONROE CIRCLE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLATCH, C. ROBERT	
STREET ADDRESS	14301 DULCE REAL	
CITY-ST-ZIP	FT. PIERCE, FL 34951	
TITLE	VR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLATCH, ROBERT G.	
STREET ADDRESS	14301 DULCE REAL	
CITY-ST-ZIP	FT. PIERCE, FL 34951	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLATCH, MILDRED A.	
STREET ADDRESS	14301 DULCE REAL	
CITY-ST-ZIP	FT. PIERCE, FL 34951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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 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:

**C. ROBERT WHITLATCH**  
*C. Robert Whitlatch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7-6-01**

Daytime Phone #

**1-561-465-0855**

CR2E034 (5/01)

Attachment  
7-6-01

ADJ16514  
Doc. # K 09637

DEAR SIR:

THE ADDRESS OF WHICH YOU SENT THESE PAPERS HAS NOT BEEN MY LOCATION SINCE YEAR 2000. I SOLD THE PROPERTY AND RELOCATED AT THE ADDRESS YOU SEE ON THIS REPORT. FOR SOME REASON I NEVER RECEIVED THE FIRST CORPORATION REPORTS FROM YOU. I DON'T UNDERSTAND THIS BECAUSE ALL MY OTHER MAIL HAS BEEN FORWARDED TO ME, AND NOW THIS ONE WAS SENT ON TO ME.

I CERTAINLY WOULD NOT HAVE BEEN FOOLISH ENOUGH TO HAVE NOT PAID THE \$50.00 FEE KNOWING I WOULD BE PENALIZED ANOTHER \$400.00. I DON'T KNOW IF THIS IS <sup>THE</sup> POSTAL SERVICE'S ERROR OR WHO IT IS, BUT I DO KNOW I NEVER RECEIVED ANYTHING UNTIL NOW.

I AM ENCLOSING THE REGULAR \$150.00 FEE I PAY EVERY YEAR AND TRUST IN YOUR MERCY AND CONSIDERATION THAT BECAUSE OF THE CIRCUMSTANCES OUT OF MY CONTROL, THIS WILL BE SATISFACTORY. IF NOT, LET ME KNOW AND I WILL PAY THE OTHER \$400.00, I WILL HAVE NO CHOICE BECAUSE I NEED MY CORPORATION.

SINCERELY,  
P. Robert M. Whittall