

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 8:00 am**
Secretary of State

04-17-2001 90096 010 ***150.00

DOCUMENT # L86293**1. Entity Name**
WHIPPO CO., INC.**Principal Place of Business****2800 WORTH AVE.**
ENGLEWOOD FL 34224**Mailing Address****2800 WORTH AVE.**
ENGLEWOOD FL 34224**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3017975**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****HANEWINCKEL, DEAN**
260 W DEARBORN ST
ENGLEWOOD FL 34223

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, 2001 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** **P** ☐ Delete
NAME **WHIPPO IV, CHARLES**
STREET ADDRESS **11385 CLAGGETT AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981****TITLE** **PRESIDENT** ☐ Change ☒ Addition
NAME **Charles Whippo SR**
STREET ADDRESS **11385 CLAGGETT AVE**
CITY-ST-ZIP **Port Charlotte, FL 33981****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **Vice President** ☒ Change ☐ Addition
NAME **Charles Whippo IV**
STREET ADDRESS **2800 Worth Ave.**
CITY-ST-ZIP **Englewood, FL 34224****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)