

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001763

1. Entity Name

LAW OFFICES OF MICHAEL D. WHALEN, P.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 25 AM 9:15

Principal Place of Business

447 ATLANTIC BLVD., SUITE 3  
ATLANTIC BEACH FL 32333

Mailing Address

447 ATLANTIC BLVD., SUITE 3  
ATLANTIC BEACH FL 32233-4050



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1015-71 ATLANTIC BLVD

Suite, Apt. #, etc.

3. Mailing Address

1015-71 ATLANTIC BLVD

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH, FL

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

DUVAL

Zip

32233

Country

DUVAL

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHALEN, MICHAEL D

447 ATLANTIC BLVD., SUITE 3  
ATLANTIC BEACH FL 32333

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR  
STREET ADDRESS WHALEN, MICHAEL D  
CITY - ST - ZIP 447 ATLANTIC BLVD., SUITE 3  
ATLANTIC BEACH FL 32333 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 200003164812--2  
CITY - ST - ZIP -03/10/00--01018--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

02-21-00

Date

904 247-7717

Daytime Phone #

CR2E083 1/9/99