2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 22, 2001 8:00 am Secretary of State **DOCUMENT # M95650** WHIRLEE ENTERPRISES, INC. 01-22-2001 90099 033 ***150.00 Principal Place of Business Mailing Address % FOREST J. SHUTT % FOREST J. SHUTT 2612 EXCHANGE AVE. 2612 EXCHANGE AVE. LAKELAND FL 33801 LAKELAND FL 33801 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2906979 Applied For Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHUTT, FOREST J. Street Address (P.O. Box Number is Not Acceptable) 2612 EXCHANGE AVE. LAKELAND FL 33801 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD CR2E034 (10/00) ☐ Change ☐ Addition Delete TITLE TITLE SHUTT, FOREST J. NAME NAME 2612 EXCHANGE AVE. STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP STD 27-D Change ☐ Addition TITLE ☐ Delete ABERCROM BIE JAMES ABÉRCROMBIE, JAMES E. NAME 1727 GIB- GALLEWAY Rd. NAME 469 MOHAWK AVE. STREET ADDRESS STREET ADDRESS CAKELAND Lakeland Fl CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change Addition ☐ Delete TITI F TITLE 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 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

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SIGNATURE AND POPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR