

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90251 006 ****61.25

DOCUMENT # NO1000008939

1. Entity Name

WHOSEFLORIDA.COM, INC.

Principal Place of Business

P.O. BOX 6155
TALLAHASSEE FL 32314-6155

Mailing Address

P.O. BOX 6155
TALLAHASSEE FL 32314-6155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFL Number

FIN-01-076418

Applied For

Not Applicable

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

BRUCE A. MINNICK, PROFESSIONAL ASSOCIATION
3116 CAPITAL CIRCLE NE, #10
TALLAHASSEE FL 32308

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME HOFFMAN, BENNETT
STREET ADDRESS P.O. BOX 6155
CITY-ST-ZIP TALLAHASSEE FL 32314-6155

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME KAKARIGI, DUBRAUKO
STREET ADDRESS P.O. BOX 6155
CITY-ST-ZIP TALLAHASSEE FL 32314-6155

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME BURNS, VANCE
STREET ADDRESS P.O. BOX 6155
CITY-ST-ZIP TALLAHASSEE FL 32314-6155

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BENNETT HOFFMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)