

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90128 047 \*\*\*150.00

DOCUMENT # P00000009917

1. Entity Name  
WITHERS ENTERPRISES, INC.



Principal Place of Business  
750 SOUTH PARK ROAD  
STE. 8-117  
HOLLYWOOD FL 33021  
US

Mailing Address  
750 SOUTH PARK ROAD  
STE. 8-117  
HOLLYWOOD FL 33021  
US



2. Principal Place of Business

3925 GRANT ST

Suite, Apt. #, etc.

3. Mailing Address

3925 GRANT ST

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

HOLLYWOOD HILLS, FL

City & State

HOLLYWOOD HILLS, FL

4. FEI Number

65-0978841

Applied For

Not Applicable

Zip

33021

Country

U.S.A

Zip

33021

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WITHERS, TONI  
750 SOUTH PARK ROAD  
STE. 8-117  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

WITHERS, TONI

Street Address (P.O. Box Number is Not Acceptable)

3925 GRANT ST

HOLLYWOOD HILLS,

City

FL

Zip Code

33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 10, 2003

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PV	<input type="checkbox"/> Delete
NAME	WITHERS, TONI	
STREET ADDRESS	750 SOUTH PARK ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITHERS, TONI	
STREET ADDRESS	3925 GRANT ST	
CITY-ST-ZIP	HOLLYWOOD HILLS, FL 33021	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 10, 2003 954 965 8819

Date Daytime Phone #

CR2E034 (10/02)