

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90020 027 ***150.00

DOCUMENT # P00000011200 ✓
1. Entity Name *WHYFOTK, INC.*

Principal Place of Business *411 KRUEGER PARKWAY*
Mailing Address *STUART FL 34996*

2. Principal Place of Business *4901 E Silver Springs Blvd*
3. Mailing Address *4901 E Silver Springs Blvd.*
Suite, Apt. #, etc. *Suite 714*

City & State *Ocala FL*
Zip *34470* **Country** *US*

A0049624

DO NOT WRITE IN THIS SPACE

4. FEI Number *59-3636796*
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
John C. Longmire
411 Krueger Parkway
Stuart FL 34996

7. Name and Address of New Registered Agent
Name *Robert M. Olson*
Street Address (P.O. Box Number is Not Acceptable) *1422 N. MAGNOLIA AVE*
City *Ocala* **FL** **Zip Code** *34475*

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 *Robert M. Olson* *Robert M. Olson, Director* *4/5/2001*
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. ☐
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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE <i>P/D</i>	<input checked="" type="checkbox"/> Delete
NAME <i>John C. Longmire</i>	
STREET ADDRESS <i>411 Krueger Parkway</i>	
CITY-ST-ZIP <i>STUART FL 34996</i>	
TITLE <i>STD</i>	<input checked="" type="checkbox"/> Delete
NAME <i>Rick Mc Morrow</i>	
STREET ADDRESS <i>411 Krueger Parkway</i>	
CITY-ST-ZIP <i>STUART FL 34996</i>	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <i>P/S/T/D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>DIANN S. STEELE</i>	
STREET ADDRESS <i>221 SE 29th TERRACE</i>	
CITY-ST-ZIP <i>Ocala FL 34471</i>	
TITLE <i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <i>Robert M. Olson</i>	
STREET ADDRESS <i>1422 N. MAGNOLIA AVE.</i>	
CITY-ST-ZIP <i>Ocala FL 34475</i>	
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	

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: *Diann S. Steele* *Diann S. Steele, President* *4-5-01 (352) 236-3775*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (11/00)