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FILED
May 12, 2002 8:00 am
Secretary of State

04-08-2002 90075 040 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043439

1. Entity Name
WHANOTOLI, INC.

Principal Place of Business	Mailing Address
4825 149TH AVENUE NORTH, SUITE H CLEARWATER FL 33757	P.O. BOX 457 CLEARWATER FL 33757

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3646215 ☐ 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
~~WHITMAN, WAYNE~~ ~~4825 140TH AVENUE NORTH, SUITE H~~ ~~CLEARWATER FL 33757~~ 282 Belleview BLVD Belleair FL 33756	Name: Wayne Whitman Street Address (P.O. Box Number is Not Acceptable): 282 Belleview BLVD Belleair FL City: Belleair FL Zip Code: 33756

All mail to: PO Box 457 Clearwater FL 33757

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: Wayne Whitman 3-25-02
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. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHITMAN, WAYNE 4825 140TH AVE. NORTH, SUITE H CLEARWATER FL 33757	☒ Delete	282 Belleview BLVD Belleair FL 33756	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SOLOD, ARNOLD 50 CONGRESS STREET BOSTON MA 02122	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Please All mail to PO Box	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: Wayne Whitman 3/26/02 727 445 1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #