FILED
Mar 27, 2003 8:00 am
Secretary of State
03-27-2003 90116 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043439

1. Entity Name
WHANOTOLI, INC.

Principal Place of Business
4825 149TH AVENUE NORTH, SUITE H
CLEARWATER, FL 33757

Mailing Address
P.O. BOX 457
CLEARWATER, FL 33757

2. Principal Place of Business: 4825 140th Ave. North
Suite, Apt. #, etc.: H
City & State: Clearwater, FL
Zip: 33757 Country:

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

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
WHITMAN, WAYNE
282 BELLEVIEW BLVD
BELLEAIR, FL 33756

7. Name and Address of New Registered Agent
Name: Whitman, Wayne
Street Address (P.O. Box Number is Not Acceptable): 4825 140th Ave. North, Suite H
City: Clearwater FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 3-15-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WHITMAN, WAYNE 282 BELLEVIEW BLVD BELLEAIR, FL 33756 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4825 140th Ave. North Suite H Clearwater, FL 33757
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition V Solod, Arnold 50 Congress Street Boston, MA 02122
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CR2E034 (10/02)

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] 3-15-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #