

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90164 005 ***150.00

DOCUMENT # **P00000070416**

1. Entity Name

Whittle & Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12880 74th Avenue North

Suite, Apt. #, etc.

3. Mailing Address
12880 74th Avenue North

Suite, Apt. #, etc.

City & State
Seminole

City & State
Seminole

4. FEI Number
59-3671819

Applied For
Not Applicable

Zip
33776

Country
USA

Zip
33776

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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656396

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Maureen Whittle

Street Address (P.O. Box Number is Not Acceptable)
437 Harbor Drive South

City
Indian Rocks Beach **FL** Zip Code
33785

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
DP
NAME
Maureen Whittle
STREET ADDRESS
437 Harbor Drive South
CITY - ST - ZIP
Indian Rocks Beach, FL 33785

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)