FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90736 044 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072503

1. Entity Name
THE WHYDAH GROUP, INC.

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B0123307

2. Principal Place of Business	3. Mailing Address
2400 E. LAS OLAS BLVD.	2400 E. LAS OLAS BLVD.
Suite, Apt. # etc.: SUITE 368	Suite, Apt. # etc.: SUITE 368
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1028517 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name: DALE S. WOOD
Street Address (P.O. Box Number is Not Acceptable): 2400 E. LAS OLAS BLVD, SUITE 368
City: FORT LAUDERDALE FL Zip Code: 33301

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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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT	TITLE	
NAME	DALE S. WOOD	NAME	
STREET ADDRESS	2400 E. LAS OLAS BLVD, #368	STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dale Wood DALE S. WOOD, PRES. 5/23/02 954-761-8782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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