## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100024476  1. Entity Name R.W. WITTY INVESTMENTS OF FLORIDA, INC.						Secreta: 02-20-2002 9	ry of	Sta	te
Principal Place of Business  79 LAGARE STREET  PALM COAST FL 32137-1469  Mailing Address  79 LAGARE STREET  PALM COAST FL 32137-1469  PALM COAST FL 32137			1469			<u> 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 </u>			
Suite, Apt.	·	3. Mailing Address 79 Light S+ Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State	ort, FI	PAM COAST	M COAST 71			El Number <b>59-3708512</b>			oplied For ot Applicable
32137	-1469 Fugler	32137-1469	Country		5. (	Dertificate of Status Desired		8.75 Add ee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name.								ent	
SAVY, BENJAMIN 2825 NORTH OCEANSHORE BLVD				Street Address (P.O. Box Number is Not Acceptable)					
	BEACH FL								~
				City			FL	Zip Code	e
8. The above	named entity submits this statement for t	he purpose of changing its	register	ed office or registe	ered ag	ent, or both, in the State of Flor	ida.		
SIGNATURE _	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	: Registere	d Agent signature require	ed when re	instating)	DATE		
9. This corpo Tax filing f	IS \$150.00 will be \$550.00 epartment of St	ate	10. Election Campaign Fina Trust Fund Contribution	· ·		May Be to Fees			
11.	OFFICERS AND D	IRECTORS	12.		AD	L DITIONS/CHANGES TO OFFIC	CERS AND D	IRECTORS	3 IN 11
TITLE NAME	President-CEO Robert WWith	☐ Delete	TITLI NAM	- 1				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	79 LAAMEST			ET ADDRESS -ST-ZIP					
TITLE NAME	Palm Cont, Fl 32137 COO SAlly V With 19 CAGAME ST	☐ Delete	TITL		-1	<del></del>		Change	Addition
STREET ADDRESS CITY-ST-ZIP	19 CAGAME ST Palm Cost to F132137	,		ET ADDRESS -ST-ZIP					
TITLE	1200 411 1 30121	☐ Delete	TITLI	I		·	[	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ي			E - ~ ~ ~ Et address -st-zip	ليعور سر پيينٽ ا		سسمر		
TITLE NAME		☐ Delete	TITLI			<del></del>	(	Change	Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				*	
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TITLE NAME		☐ Delete	TITLE	· I				Change	Addition (
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - 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 statutes.									
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #									