

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90032 014 ***150.00

DOCUMENT # P01000033559

1. Entity Name

WITTNER CONSULTING, INCORPORATED

Principal Place of Business

**18401 OWL DRIVE
 LUTZ FL 33549**

Mailing Address

**18401 OWL DRIVE
 LUTZ FL 33549**

2. Principal Place of Business

18401 OWL DRIVE

Suite, Apt. #, etc.

3. Mailing Address

18401 OWL DRIVE

Suite, Apt. #, etc.

City & State

Lutz FL

City & State

LUTZ FL

4. FEI Number

59-3718514

Applied For

☐ Not Applicable

Zip

33548

Country

USA

Zip

33548

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WITTNER, MARILYN T
 18401 OWL DRIVE
 LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name

WITTNER MARILYN T

Street Address (P.O. Box Number is Not Acceptable)

18401 OWL DRIVE

City

LUTZ

FL

Zip Code

33548

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)



**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

TITLE **PD** ☐ Delete
 NAME **WITTNER, MARILYN T**
 STREET ADDRESS **18401 OWL DRIVE**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **WITTNER, MARILYN T**
 STREET ADDRESS **18401 OWL DRIVE**
 CITY-ST-ZIP **LUTZ, FL 33548**

TITLE ☐ Change ☐ Addition
 NAME
 STREET
 CITY-ST

TITLE ☐ Change ☐ Addition
 NAME
 STREET
 CITY-ST

TITLE ☐ Change ☐ Addition
 NAME
 STREET
 CITY-ST

TITLE ☐ Change ☐ Addition
 NAME
 STREET
 CITY-ST

TITLE ☐ Change ☐ Addition
 NAME
 STREET
 CITY-ST

F4I
 The only change in
 your printed information is
 to my zip code.

Wittner

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:

Signature of Marilyn T Wittner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 (813) 949-1558

Date

Daytime Phone #

CR2E034 (9/01)