

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 15, 2002 8:00 am
Secretary of State

03-12-2002 90998 049 ***150.00

DOCUMENT # P010000773291. Entity Name
THE WHITMIRE CONSULTING COMPANY

Principal Place of Business

**940 CENTRE CIRCLE, SUITE 2020
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**940 CENTRE CIRCLE, SUITE 2020
ALTAMONTE SPRINGS FL 32714****41000**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-381 9638

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITMIRE, DONALD
940 CENTRE CIRCLE, SUITE 2020
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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: *Donald Whitmire*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Resigned 8/12/02**2/25/02*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 *Pres* ☐ Delete
NAME *DONALD WHITMIRE*
STREET ADDRESS *940 CENTRE CIRCLE SUITE 2020*
CITY-ST-ZIP *ALTAMONTE SPRINGS FL 32714*TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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 like empowered.

SIGNATURE: *Donald Whitmire*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Resigned 8/12/02 2/25/02
DONALD WHITMIRE, PRES.

Date

Daytime Phone #

CR2E034 (9/01)

The Whitmire Consulting Company
Employee Benefits Consultants

Attachment

940 Centre Circle, Suite 2020
Altamonte Springs, FL 32714
Tel (407) 774-0996
Fax (407) 774-0389

41533

August 12, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document #P01000077329

Gentlemen:

We hereby request abatement with proposed penalty and am enclosing a completed and signed 2002 UBR. We did not receive the letter requesting additional information, and did not find out about the omissions until we phoned today.

The appropriate filing fee has been previously been submitted and accepted by the State of Florida.

Sincerely,

Donald C. Whitmire

Donald C. Whitmire