

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90167 013 ***150.00

DOCUMENT # P01000084091

1. Entity Name
WHITNEY M. BALDWIN, INC.

Principal Place of Business

**820 DIXIE HIGHWAY
 SUITE 1
 WEST PALM BEACH FL 33401**

Mailing Address

**3701 SOUTH FLAGLER DRIVE
 B207
 WEST PALM BEACH FL 33405**

80086388



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

820 Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

City & State

West Palm Beach FL

4. FEI Number

65-11338 00

Applied For

Not Applicable

Zip

Country

Zip

Country

33401

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TARONE, THEODORE T JR.
 180 ROYAL PALM WAY
 SUITE 201
 PALM BEACH FL 33480**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BALDWIN, WHITNEY M**
 STREET ADDRESS **3701 SOUTH FLAGLER DRIVE, B207**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)