

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90045 016 \*\*\*150.00

**DOCUMENT # P01000085140**

1. Entity Name  
**THE W.H.O. GROUP, INC.**

Principal Place of Business

**5620 GULF OF MEXICO DR. STE 6  
LONGBOAT KEY FL 34228**

Mailing Address

**PO BOX 71  
CORTEZ FL 34215-0071**

2. Principal Place of Business

**3442 53rd Ave W.**

Suite, Apt. #, etc.

3. Mailing Address

**3442 53rd Ave W.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **Bradenton, FL** City & State **Bradenton, FL** 4. FEI Number **65-1136449** Applied For ☐ Not Applicable ☐

Zip Country **34210 USA** Zip Country **34210 USA** 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WASSER, GARY  
5620 GULF OF MEXICO DR, STE 6  
LONGBOAT KEY FL 34228**

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

*[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	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WASSER, GARY</b>		NAME		
STREET ADDRESS	<b>1216 SANTIAGO DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HARDY, BOBBY</b>		NAME		
STREET ADDRESS	<b>8604 11TH AVE. NW</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>O'CONNOR, SHARON</b>		NAME		
STREET ADDRESS	<b>12319 42 AVE DRIVE W</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORTEZ FL 34215</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/02** **941-383-0817**  
Date Daytime Phone #

CR2E034 (9/01)