

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90477 003 \*\*\*150.00

**DOCUMENT # P01000085140**

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



Principal Place of Business  
**3442 53RD AVE W  
BRADENTON FL 34210**

Mailing Address  
**3442 53RD AVE W  
BRADENTON FL 34210**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 244**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Longboat Key, FL**

Zip

Country

Zip  
**34228**

Country  
**US**

4. FEI Number  
**65-1136449**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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  
**SUSAN BARRETT HECKER**  
Street Address (P.O. Box Number is Not Acceptable)  
**200 SOUTH ORANGE AVE.**  
City  
**SARASOTA** FL Zip Code  
**34236**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WASSER, GARY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HARDY, BOBBY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Bobby M Hardy** **3-11-03** **941-383-0817**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)