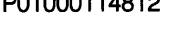
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P01000114812 DOCUMENT #

1. Entity Name WITCHEY SISTERS, INC.

Principal Place of Business 1149 ESTERO BLVD #402

SIGNATURE:



Mailing Address

1149 ESTERO BLVD #402



## FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90059 045 \*\*\*150.00

#102 #102 FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931 2. Principal Place of Business 3. Mailing Address 1149 ESTERO LVD. ESTERO Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES # 102 Applied For City & State City & State 4. FEI Number 65-1157514 Not Applicable ORT Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33931 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RANDOLPH, MICHAEL D ESQ. Street Address (P.O. Box Number is Not Acceptable) 1619 JACKSON STREET FORT MYERS FL 33901 Zip Code City 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: (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CR2E034 (10/02) Addition Change TITLE TITLE ☐ Delete BANE, CASEY G NAME NAME 1149 ESTERO BLVD. #102 STREET ADDRESS STREET ADDRESS FORT MYERS BEACH FL 33931 CITY-ST-ZIP CITY-ST-ZIP ۷D TITLE Change Addition Delete TITLE NIETZEL, DANI T NAME NAME 1149 ESTERO BLVD. #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH FL 33931 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 🕆 🔲 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 applemental 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 of 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.