

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

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90233 043 ***158.75

DOCUMENT # P03000083155

1. Entity Name W.T.H. Investments, Inc.



DO NOT WRITE IN THIS SPACE

04001170

2. Principal Place of Business
1958 Rolling Green Cir.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 7551
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
73-1676218

Applied For
Not Applicable

Zip
34240 Country
US

Zip
34278 Country
U.S.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Randy Haney
Street Address (P.O. Box Number is Not Acceptable)
1958 Rolling Green Cir.

City Sarasota FL Zip Code 34240

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Randy Haney</u> <u>P.O. Box 7551</u> <u>Sarasota, FL 34278</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Donna Williams</u> <u>7531 S. Leewynn Dr.</u> <u>Sarasota, FL 34240</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Deise Thomas</u> <u>1962 Rolling Green Cir.</u> <u>Sarasota, FL 34240</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Rockelle Haney</u> <u>P.O. Box 7551</u> <u>Sarasota, FL 34278</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Deise Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-04 (941)371-3859
Date Daytime Phone #

CR2E034B (12/02)