FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90107 018 ***150.00

DOCUMENT # P04000063465

1. Entity Name

Tony Withers Inc.

DO NOT WRITE IN THIS SPACE

400406366

2. Principal Place of Business	3. Mailing Address
7332 Shindler drive	7332 Shindler drive
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. Lot 4
City & State Jacksonville, Fl	City & State Jacksonville, Florida
Zip 32222 Country Duval	Zip 32222 Country Duval

DO NOT WRITE IN THIS SPACE

4. FEI Number 22390054 ☐ Applied For ☐ Not Applicable

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 Tony Withers

Street Address (P.O. Box Number is Not Acceptable) 7332 Shindler drive #4

City Jacksonville **FL** Zip Code 32222

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PRESident
NAME	Tony Withers
STREET ADDRESS	7332 Shindler drive
CITY-ST-ZIP	Jacksonville, Florida 32222
TITLE	V Pres.
NAME	7332 Shindler drive
STREET ADDRESS	Jacksonville, Florida 32222
CITY-ST-ZIP	
TITLE	Sec
NAME	Withers Tony
STREET ADDRESS	7332 Shindler #4 Jacksonville
CITY-ST-ZIP	Fl 32222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	**DO NOT WRITE**
TITLE	**IN THIS SPACE**
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/02)

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #