

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State
 03-18-2002 90046 003 ***150.00

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DOCUMENT # P93000033877

1. Entity Name
THE WITTER CORPORATION

Principal Place of Business

**419 CORONADO DR
 CLEARWATER BCH FL 34630
 US**

Mailing Address

**419 CORONADO DR
 CLEARWATER BCH FL 34630
 US**

2. Principal Place of Business

2 Evonair Cir

Suite, Apt. #, etc.

3. Mailing Address

2 Evonair Cir

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip 33756 Country US

City & State

Clearwater FL

Zip 33756 Country USA

4. FEI Number

59-3183906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JACOBSON, RICHARD A
 501 E KENNEDY BLVD
 SUITE 1700
 TAMPA FL 33602**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Susan M. Lewis President March 4/02

**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

TITLE P
NAME LEWIS, SUE
STREET ADDRESS 419 CORONADO DR
CITY-ST-ZIP CLEARWATER BCH FL

☐ Delete

TITLE D
NAME WITTER, JOHN A
STREET ADDRESS P O BOX 484
CITY-ST-ZIP INDIAN ROCKS BEACH FL 34635

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LEWIS, SUE
STREET ADDRESS 2 Evonair Cir
CITY-ST-ZIP Clearwater FL 33756

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Susan M. Lewis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan M. Lewis President March 4/02

727-501-1431

Daytime Phone #

CR2E034 (9/01)