2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000066279 DOCUMENT

1. Entity Name



FILED

WHITMAN PRODUCTS, INC.									
778 JIMMY AI APT. 811	re of Business NN DR. ACH FL 32114	Mailing Address 778 JIMMY ANN DR. APT. 811 DAYTONA BEACH FL 32114 US							
2. Principal P	Place of Business ULDER ROCK DIZIVE	3. Mailing Address BY BOULDER ROCK DEWE			-				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Þ	CHECK HERE IF MAKIN	G CHANGES		
City & Stat	COAST, FL	City & State PAM COAST, FL			4. FEI Number 59-3205486			Applied For Not Applicable	
Zip 32137	Country	Zip 32137	Country USA		5. Certificate of	Status Desired	\$8.75 Ad Fee Require]
	6. Name and Address of Current	Registered Agent	Nome		 	ddress of New Registered	Agent		4
WHITMAN, ERIC 6590 HOMESTEAD AVE. COCOA FL 32927				ddress (P.	ULDER R	s Not Acceptable)	Zip Coo	de	
	named entity submits this statement for ions of registered agent. Euc. Who signature, typed or printed name of registered agent a	man		registere		in the State of Florida. I am March DATE	n familiar with,	and accept	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			I	ion Campaign Financing Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFICERS AN] {
NAME STREET ADDRESS CITY-ST-ZIP	D WHITMAN, ERIC 6590-HOMESTEAD AVE. COCOA FL 32927	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			ROCK DRIVE FL 32137	Change	☐ Addition	0/0// //0/0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	Cao
TITLE NAME STREET ADDRESS CITY-ST-ZIP	al make, seminale	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			. • .	Change	☐ Addition	
THTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	*
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
12. I hereby o	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for the	ne exemption state	ed in Sec	tion 119.07(3)(i), ame legal effect a	Florida Statutes. I further co	ertify that the i	nformation 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 changed, or on an attachment with an address, with all other like empowered.

GNATURE:

GNATURE: