## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P94000007636** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name WHISPER ABRASIVES, INC. 04-26-2000 90067 030 \*\*\*150.00 Principal Place of Business Mailing Address 12003 49TH ST N 12003 49TH ST N SUITE 301 SHITE 301 CLEARWATER FL 33762-4327 CLEARWATER FL 33762 3. Mailing Address 4400 118th Ave N 2. Principal Place of Business 4400 118th Ave N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 305 Suite 305 City & State 4. FEI Number Applied For City & State 59-3218766 Clearwater, FL Clearwater, FL Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired USA USA 33762 Fee Required 33762 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - -Name LOGAN, MARGARET E. Street, Address (P.O. Box Number is Not Acceptable) 4400 118th Ave N, Suite 305 PO BOX 229 1821 BAYSHORE DR TERRACEIA FL 34250 City <sup>Zip</sup>£3762 Clearwater 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. Margaret E. Logan 4/20/00 (NOTE: Registered Agent signature required when reinstating) pplicable Signature, typed o inted name of registered agent and title 🖋 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. K Change ☐ Addition TITLE ☐ Delete TITLE LOGAN, MARGARET E NAME NAME 4400 118th Ave N, SUite 305 STREET ADDRESS STREET ADDRESS 12003 49TH ST N STE 301 CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33762 CLEARWATER FL 33762 K] Change ☐ Addition ☐ Delete TITLE TITL F NAME NAME LOGAN, BARRY 4400 118th Ave N, Suite 305 STREET ADDRESS STREET ADDRESS 12003 49TH ST N STE 301 33762 Clearwater, FL CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** ☐ Addition Delete -TITLE - Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

Margaret E. Logan 4/20/00 727-573-1292