

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057102

1. Entity Name

WHIRLING DERVISH ENTERPRISES, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90041 017 ***150.00

Principal Place of Business

413 S. 1ST ST.
SUITE 402
JACKSONVILLE BEACH FL 32250-6708
US

Mailing Address

P.O. BOX 50682
JACKSONVILLE FL 32140-0683
US

2. Principal Place of Business

6508 COLGATE RD.

3. Mailing Address

6508 COLGATE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3260536

Applied For

Not Applicable

Zip

32217

Country

DUVAL

Zip

32217

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUGG, SHERWOOD L
413 S. 1ST ST.
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6508 COLGATE RD.

City

JACKSONVILLE

FL

Zip Code

32217

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 PD
NAME BUGG, SHERWOOD L
STREET ADDRESS 413 S. 1ST ST.
CITY-ST-ZIP JACKSONVILLE BEACH FL ☐ Delete

TITLE VSTD
NAME BUGG, PAT R
STREET ADDRESS 413 S. 1ST ST.
CITY-ST-ZIP JACKSONVILLE BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 6508 COLGATE RD.
CITY-ST-ZIP JACKSONVILLE, FL 32217 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 6508 COLGATE RD.
CITY-ST-ZIP JACKSONVILLE, FL 32217 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SHERWOOD L. BUGG SHERWOOD L. BUGG

4/4/01

904-733-8857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)