

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003069

1. Entity Name
WITTLER INTERNATIONAL INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 2:38

Principal Place of Business
441 RHEINE RD NW
PALM BAY FL 32907
US

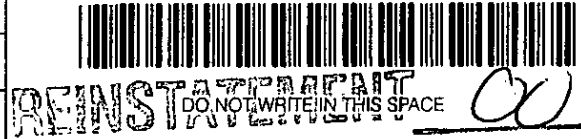
Mailing Address
441 RHEINE RD NW
PALM BAY FL 32907
US

2. Principal Place of Business
305 MILANO LANE
Suite, Apt. #, etc.
206

3. Mailing Address
305 MILANO LANE
Suite, Apt. #, etc.
206

City & State
MELBOURNE, FL

City & State
MELBOURNE, FL



Zip
32940

Country
USA

Zip
32940

Country
US

4. FEI Number 59-3289615

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVE.
MELBOURNE FL 32901

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 10/31/00 ~~10-10-2000~~
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DCPT	WITTLER, JOHN S	441 RHEINE ROAD NW PALM BAY FL 32907	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		305 MILANO LANE, #206	MELBOURNE, FL 32940	
		400003478744--6	-11/28/00--01089--004	
		****758.75	****758.75	

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-2000 Date

321 698 7082 Daytime Phone #

CR2E034 (5/00)