

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90141 015 ***150.00

DOCUMENT # P95000010521

1. Entity Name
WHG ENTERPRISES, INC.

Principal Place of Business
524 N CROOKED LAKE DR
BABSON PARK FL 33827
US

Mailing Address
524 N CROOKED LAKE DR
BABSON PARK FL 33827
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0603043**

Applied For
☐ **Not Applicable**

Zip **Country**

Zip **Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAIN, JOYCE G
524 N CROOKED LAKE DR
BABSON PARK FL 33827

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 *Joyce G. Cain, PRESIDENT* *Joyce G. Cain* *4-28-02*
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **GREENE, JANET F.**
STREET ADDRESS **1795 OAKWOOD LOOP AVE. WEST**
CITY-ST-ZIP **BARTOW FL**

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

TITLE **Pres.** ☐ **Delete**
NAME **CAIN, JOYCE G**
STREET ADDRESS **524 NORTH CROOKED LAKE DR.**
CITY-ST-ZIP **BABSON PARK FL**

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

TITLE **Sec.** ☐ **Delete**
NAME **BLOCKER, AMY G**
STREET ADDRESS **P.O. BOX 1137 N/A**
CITY-ST-ZIP **FT. MEADE FL 33841**

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

TITLE **Pres.** ☐ **Delete**
NAME **BLOCKER, STEVEN C**
STREET ADDRESS **P.O. BOX 1137 N/A**
CITY-ST-ZIP **FT. MEADE FL 33841**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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: *Joyce G. Cain, President* *Joyce G. Cain* *4-28-02* *(863) 638-1249*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

05/22/02 11:01 AM

CR2E034 (9/01)