

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90014 013 ***150.00

DOCUMENT # P95000022508

1. Entity Name
WHITTINGTON & ASSOCIATES, INC.

Principal Place of Business

1305 RIVER RD
A42
FORT MYERS FL 33903

Mailing Address

1305 RIVER RD
A42
FORT MYERS FL 33903

2. Principal Place of Business

3440 MARINATOWN LN

3. Mailing Address

3440 Marinetown Ln

Suite, Apt. #, etc.

STE 205

Suite, Apt. #, etc.

Ste 205

City & State

N.F.T. MYERS

City & State

N.F.T. MYERS

Zip

33903

Country

LEE

Zip

33903

Country

LEE

6. Name and Address of Current Registered Agent

WHITTINGTON, HOLLY F
1305 RIVER RD A42
FORT MYERS FL 33903

Name

HOLLY F. WHITTINGTON

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

3440 MARINATOWN LN,

STE. 205

City

N.F.T. MYERS

FL

Zip Code

33903

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 ~~____~~ **HOLLY F. Whittington, Pres.**

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

(NOTE: Registered Agent Signature required when reinstating)

2/17/02

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **VPST** ☐ Delete
NAME **WHITTINGTON, HOLLY F**
STREET ADDRESS **1305 RIVER RD A42**
CITY-ST-ZIP **FORT MYERS FL 33903**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVPST** ☒ Change ☐ Addition
NAME **WHITTINGTON, HOLLY F**
STREET ADDRESS **3440 Marinetown Ln, Ste 205**
CITY-ST-ZIP **FT. MYERS FL 33903**

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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: ~~____~~ **HOLLY F. Whittington**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/02 941-246-0025

Date Daytime Phone #

CR2E034 (9/01)