

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037295

1. Entity Name  
W.H.F. CORPORATION

Principal Place of Business  
11100 66TH STREET NORTH  
SUITE 40  
LARGO FL 33773  
US

Mailing Address  
11100 66TH ST NORTH  
SUITE 40  
LARGO FL 33773  
US

2. Principal Place of Business  
1569 OAK LANE  
Suite, Apt. #, etc.

3. Mailing Address  
1569 OAK LANE  
Suite, Apt. #, etc.

City & State  
CLEARWATER FL  
Zip  
33764  
Country  
PINELLAS

City & State  
CLEARWATER FL  
Zip  
33764  
Country  
PINELLAS

4. FEI Number 59-3313779

Applied For  
Not Applicable

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


## 6. Name and Address of Current Registered Agent

FRAIZER, WILLIAM H  
713 ISLAND WAY  
CLEARWATER FL 34630

## 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   
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FRAIZER, WILLIAM H  
713 ISLAND WAY  
CLEARWATER FL 34630 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
FRAZIER, ALLEN D  
3276 FOX HILL DRIVE  
CLEARWATER FL 33761 ☐ 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  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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

Date

Daytime Phone #

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90088 005 \*\*\*150.00

00004430



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)