## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## **FILED** DOCUMENT # **P95000068257** May 01, 2000 8:00 am Secretary of State WHISPER WASH, INC. 05-01-2000 90032 015 \*\*\*150.00 Mailing Address Principal Place of Business 12003 49TH STREET N 12003 49TH STREET N STE 301 STE 301 CLEARWATER FL 33762-4327 **CLEARWATER FL 33762** 2. Principal Place of Business 3. Mailing Address 4400 118th Ave N. 4400 118th Ave No Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 305 Suite 305 Applied For City & State Clearwater, FL City & State FEI Number 59-3332792 Clearwater, FL Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 33762 USA Fee Required 33762 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOGAN, MARGARET E Street Address (P.O. Box Number is Not Acceptable) 4400 118th Ave N, Suite 305 12003 49TH ST **STE 301 CLEARWATER FL 33762** Zip Code 33762 Clearwater 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. 4/20/00 Margaret E. Logan, VP FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITI E TITLE ☐ Delete NAME LOGAN, MARGARET E NAME 4400 118th Ave N, Suite 305 STREET ADDRESS STREET ADDRESS 12003 49TH ST N STE 301 Clearwater, FL CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33762-4327 TXChange ☐ Addition TITLE ☐ Delete TITLE LOGAN, BARRY NAME NAME STREET ADDRESS 4400 118th Ave N. Suite 305 STREET ADDRESS 12003 49TH ST N STE 301 Clearwater, FL 33762 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33762-4327 ☐ Change ☐ ☐ Addition TITLE ☐ Déléte TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

4/20/00