2000	UNIFORM BUS	SINESS REPO	DRT	(UBI	R)		FH	LED	
DOCUMENT # P9600009298 1. Entity Name						May 09, 2000 8:00 am Secretary of State			
4WHAT, INC.					}		05-09-2000 900		
Principal Plac	e of Buciness	Mailing Address					00 09 2000 90		0.00
501 GOODLETT		PO BOX 413005							
C208 NAPLES FL 34102 US		STE 115 NAPLES FL 34101-3005 US	NAPLES FL 34101-3005			1 ( <b>11)</b>	e ante attil Baini Abiti datti a	RALL ORIER LAILE LIRIE I	(*** ****
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	e	City & State	City & State			4. FEI Number	65-0638732		oplied For ot Applicable
Zip	Country	Zip	Zip Country			5. Certificate of	Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Curre	ent Registered Agent				7."Name and A	ddress of New Regist	ered Agent	
RUSHFORD, CARL 9858 SANDRINGHAM GATE				Street A	ddress (P.	Ossetta O. Box Number i Kent Dr	s Not Acceptable)		
UNIT	K3 LES FL 34109							FL Zip Cod 341	e
<u></u>					Naple		1	<b>FL</b> 341	12
8. The above	named entity submits this statemen Jim Cossetta,	Vice President	-	_		MK	1	4/25/0	0
	Signature, typed or printed name of registered ag	gent and title if applicable, (NC	TE: Registere	Agent signat	ture required w	hen reinstating)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			2000 Fee		550.00	Trust	ion Campaign Financin Fund Contribution.		IO May Be d to Fees
11.	OFFICERS AN	ND DIRECTORS	12.		• • • • •		HANGES TO OFFICERS	S AND DIRECTOR	S IN 11
TITLE	DV	Delete	TITL			ctor/Ch ; Richa		🔲 Change	Addition
NAME STREET ADDRESS	COSSETTA, JIM		NAN	ie Eet address		Spring S			· ·
CITY-ST-ZIP	3722 KENT DR NAPLES FL		CITY			ent City, MI 49330			*_
TITLE	DP	Delete	TITL	E	Dire	ector/Pr	esident	Change	X Addition
NAME	RUSHFORD, CARL		NAM	-		n, Thomà			
STREET ADDRESS	9858 SANDRINGHAM GATE			EET ADDRESS '- ST- ZIP		Spring Street <u>nt City, MI 49330</u> ce President Change 🛛			
CITY-ST-ZIP	NAPLES FL 34109	Deleta		·	Vice	<u>. City.</u> Presid	<u>MI 49330 </u> ent	Change	Addition
NAME	ATTWOOD, PATRICK		TITL NAN	• • • • • • •		od, Rei			
STREET ADDRESS	518 96TH AVE NORTH		STR	eet address	518	96th Av	enue North	L	
CITY-ST-ZIP	NAPLES FL 34108		CITY	'-ST-ZIP	Napl	es, FL	34108		
TITLE	DT	Delete	TITL			Presid		🞦 Change	Addition
NAME STREET ADDRESS	MASTRO, WADE 4747 SAN CARLO COURT		NAM	EET ADDRESS			rlô Court		
CITY - ST - ZIP	NAPLES FL 34109		CITY	- ST-ZIP		les, FL			
TITLE		Delete	TITL	E			cy/Treas.	Change	🔀 Addition
NAME			NAN				Randall E	<b>.</b>	
STREET ADDRESS CITY - ST-ZIP				EET ADDRESS '- ST- ZIP		Spring S	MI 49330		
		Delete		<del>_</del>	Kent	<u>, (TCÀ)</u>	111 40000	Change	Addition
TITLE NAME			NAM						
STREET ADDRESS				EET ADDRESS	1				
CITY-ST-ZIP	L			- ST-ZIP	<u> </u>				
indicated of the cor	certify that the information supplied of on this report or supplemental report poration or the receiver or trustee er or on an attachment with an address	rt is true and accurate and that mpowered to execute this repo	t my signa rt as requi	turo chall f	have the se	ame legal effect a Florida Statutes;	as if made under oath; t and that my name app	nat Lam an otticer	or alrector – I
SIGNAT		OR PRINTED NAME OF SIGNING OFFICE		1/25/C		941-43	34-9428 Date	Daytime Phone #	