

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91396 003 ***150.00

0494536 AV

DOCUMENT # P96000009298

1. Entity Name

4WHAT, INC.

Principal Place of Business

501 GOODLETTE ROAD
 C208
 NAPLES FL 34102
 US

Mailing Address

PO BOX 413005
 STE 115
 NAPLES FL 34101
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 327

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kent City, MI

4. FEI Number

65-0638732

Applied For

Not Applicable

Zip

Country

Zip

Country

49330

USA

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

COSSETTA, JIM

3722 KENT DR

NAPLES FL 34112

8430 Hollow Brooke Circle
Naples, FL 34119

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COSSETTA, JIM 3722 KENT DR NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESCH, THOMAS J 90 SPRING STREET KENT CITY MI 49330	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VP MASTRO, WADE 4747 SAN CARLO COURT NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATWOOD, REID 518 96TH AVE NORTH NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASTRO, WADE 4747 SAN CARLO COURT NAPLES FL 34109	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice President Jim Cossetta 8430 Hollow Brooke Circle Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Wade Mastro 8430 Hollow Brooke Circle Naples FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman/Director Richard J. Kent 90 Spring St. Kent City, MI 49330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer/Director Randall E. Goodfellow 90 Spring St. Kent City, MI 49330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Randall E. Goodfellow

Randall E. Goodfellow

Date

Daytime Phone #

11-02

616-678-5775

CR2E034 (9/01)