2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)						FILED Mar 07, 2002 8:00 am			
DOCU 1. Entity Nam	MENT #	P96000	038278	,		Secretary of State			
,	WITT, INC.						0005 022 ***150.		
Principal Place of Business Mailing Address 311 EAST GATEWAY BLVD P.O. BOX 364 BOYNTON BEACH FL 33435 BOCA RATON FL 33429									
Principal Place of Business A. Mailing Address						\$	1 801] 802800 1 110) 1 3 116 11617		
Suite, Apt. #, etc. Suite, Apt. #, etc.						<u> </u>	IN THIS SPACE	 1	
City & State			City & State		4.	65-066628	Ne	oplied For ot Applicable	
Zip 		ountry	Zip	Country		Certificate of Status Desired	\$8.75 Add		
	6. Name and	Address of Current Re	gistered Agent	Name	7. 1	Name and Address of New Re	gistered Agent		
	SKI & ASSOCIA PANISH RIVER	- '	=3 = (= 4), 6 - 4-3	= Street-Addre	ss (P.O.E	Box:Number: is:Not:Acceptable)			
BOCA RA	TON FL 33431			City			Zip Cod		
8. The above	named entity sul	omits this statement for th	e purpose of changing its re	City	istered an	ent, or both, in the State of Flori	<u> </u>		
	, manua on my 40.	STATE CITE STATE OF CITE	o purpose of analoging here	91010104 311100 01 109	idiorod ag	one or born, in the order or viol	uu,		
SIGNATURE .	Signature, typed or pri	nted name of registered agent and t	itle if applicable. (NOTE:	Registered Agent signature rec	quired when re	einstating)	DATE		
				FEE IS \$150.00 Fee will be \$550.0 to Department of		10. Election Campaign Fina Trust Fund Contribution.		00 May Be	
11.		OFFICERS AND DIF	RECTORS	12.	AC	L , DITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	D Hewitt, don 311 gatewa		☐ Delete	TITLE NAME STREET ADDRESS			Change	☐ Addition	
CIŢŶ-ST-ZIP		ACH FL 33435		CITY-ST-ZIP	<u>.</u>		<u>_</u>		
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS] Change	☐ Addition	
CITY-ST-ZIP				CITY-ST-ZIP TITLE			Change		
NAME STREET ADDRESS				NAME STREET ADDRESS			<u></u>		
CITY-ST-ZIP TITLE	ntere so e		Delete	CITY-ST-ZIP TITLE NAME		Company of the second	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
TITLE NAME			☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	<u></u>			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME			☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			<u> </u>		
indicated of the cor	on this report or poration or the re	supplemental report is tru	e and accurate and that my red to execute this report as	signature shall have t	the same I	119.07(3)(i), Florida Statutes. I f legal effect as if made under oa da Statutes; and that my name	th; that I am an officer	or director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

561-375-9796

Daytime Phone #