

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90035 034 \*\*\*150.00

**DOCUMENT # P96000047316**

1. Entity Name  
**W & H MARKETING INC.**

Principal Place of Business

511 BAYSHORE DR PH-10  
 FT LAUDERDALE FL 33304

Mailing Address

511 BAYSHORE DR PH-10  
 FT LAUDERDALE FL 33304

00010001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1010 SEMINOLE DR.**

Suite, Apt. #, etc.

**907**

3. Mailing Address

**1010 SEMINOLE DR.**

Suite, Apt. #, etc.

**907**

City & State

**FT. LAUDERDALE, FL.**

City & State

**FT. LAUDERDALE, FL.**

Zip

**33304**

Country

**BROWARD**

Zip

**33304**

Country

**BROWARD**

4. FEI Number

**65-0677980**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HEATH, WILLIAM P III**  
**511 BAYSHORE DR PH-10**  
**FT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name

**HEATH, WILLIAM P III**

Street Address (P.O. Box Number is Not Acceptable)

**1010 SEMINOLE DRIVE**  
**Suite 907**

City

**FT. LAUDERDALE**

FL

Zip Code

**33304**

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

**W.P. Heath III**

**1-22-01**

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 **CEO** ☐ Delete  
 NAME **HEATH, WILLIAM P III**  
 STREET ADDRESS **511 BAYSHORE DRIVE**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **P** ☐ Delete  
 NAME **ALLOIAN, DONALD**  
 STREET ADDRESS **3750 GALT OCEAN DRIVE, UNIT 1601**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1010 SEMINOLE DR. Suite 907**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33304**

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**W.P. Heath III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-22-01**

Date

**954-566-9695**

Daytime Phone #

CR2E034 (10/00)