

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047498

1. Entity Name

MARIA WHITLEY & ASSOCIATES, INC.

FILED

May 15, 2001 8:00 am
Secretary of State

05-15-2001 90137 035 ***150.00

Principal Place of Business

Mailing Address

3400 E US 1 S
ST AUGUSTINE FL 32086
US

3400E US 1 S
ST AUGUSTINE FL 32086
US

2. Principal Place of Business

247-F SAN MARCO AVE.

3. Mailing Address

247-F SAN MARCO AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE FL

City & State

ST. AUGUSTINE, FL

4. FEI Number 59-3419558

Applied For

Not Applicable

Zip

Country

32084

Zip

Country

32084

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

WHITLEY, MARIA M
3400 E US 1 SOUTH
ST AUGUSTINE FL 32086

Name Whitley, MARIA M.

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

247-F SAN MARCO AVE

City ST. AUGUSTINE

FL

Zip Code 32084

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

Maria M. Whitley

MARIA M. WHITLEY

5/1/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WHITLEY, MARIA M
STREET ADDRESS 3400 E US 1 S
CITY-ST-ZIP ST AUGUSTINE FL

TITLE D ☒ Change ☐ Addition
NAME WHITLEY, MARIA M
STREET ADDRESS 2738 PALAZENCIA ST.
CITY-ST-ZIP ST. AUGUSTINE, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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 an other like empowered.

SIGNATURE:

Maria M. Whitley MARIA M. WHITLEY

Date

Daytime Phone #

5/1/01 904
823-1985

CR2E034 (10/00)