

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076326

1. Entity Name

JUDITH WHITTINGHAM, P.A.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90006 003 ***150.00

Principal Place of Business

Mailing Address

5841 NW 122ND DR
CORAL SPRINGS FL 33076

5841 NW 122ND DR
CORAL SPRINGS FL 33076-1937

2. Principal Place of Business

5841 NW 122 Dr
Suite, Apt. #, etc.

3. Mailing Address

5841 NW 122 Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Coral Springs, FL
Zip
33076
Country
USA

City & State
Coral Springs, FL
Zip
33076
Country
USA

4. FEI Number
65-0694273

Applied For
Not Applicable

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

WHITTINGHAM, JUDITH
1856 NW 97TH AVENUE
PLANTATION FL 33322

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 re-stating)

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, 2000 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
PD
WHITTINGHAM, JUDITH
5841 NW 122 DR
CORAL SPRINGS FL 33076 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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

JUDITH WHITTINGHAM

Date

Daytime Phone #

954-423-2134

CR2E034 (9/99)