

2001 'UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085722

1. Entity Name

V. LYNN WHITFIELD, P.A.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90082 041 ***150.00

Principal Place of Business

224 DATURA STREET, SUITE 918
WEST PALM BEACH FL 33401

Mailing Address

224 DATURA STREET, SUITE 918
WEST PALM BEACH FL 33401

2. Principal Place of Business

224 Datura Street,
Suite, Apt. #, etc.
Suite 600

3. Mailing Address

224 Datura Street
Suite, Apt. #, etc.
Suite 600

City & State

West Palm Bch, FL

City & State

West Palm Bch, FL

Zip

33401

Country

U.S.A

Zip

33401

Country

U.S.A

4. FEI Number

65-0764601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITFIELD, V. LYNN
224 DATURA STREET, SUITE 918
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

224 Datura Street, Suite 600

City

West Palm Beach

FL

Zip Code

33401

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's 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 ☐ Delete
NAME D
STREET ADDRESS WHITFIELD, V. LYNN
CITY-ST-ZIP 224 DATURA STREET, SUITE 918
WEST PALM BEACH FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: V. Lynn Whitfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2001 (561) 833-2213
Date Daytime Phone #

CR2E034 (10/00)