

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000085722

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: V. LYNN WHITFIELD, P.A.

Current Principal Place of Business:

224 DATURA STREET, SUITE 600
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

224 DATURA STREET, SUITE 600
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0764601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITFIELD, V. LYNN
224 DATURA STREET, SUITE 600
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITFIELD, V. LYNN
Address: 224 DATURA STREET, SUITE 918
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WHITFIELD, V. LYNN
Address: 224 DATURA STREET, SUITE 600
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: V. LYNN WHITFIELD

D

04/26/2002

Electronic Signature of Signing Officer or Director

_____ Date