

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000102605**1. Entity Name
STIRRAT/WHARTON GROUP, INC.

Principal Place of Business 14255 US HWY 1 241 NORTH PALM BEACH 33408 FL	Mailing Address 6339 LONGLEAF PINE DRIVE JUPITER 33458 FL
---	---

2. Principal Place of Business 4125 MARTIN HWY.	3. Mailing Address 4125 MARTIN HWY.
--	--

Suite, Apt. #, etc. 1A	Suite, Apt. #, etc. 1A
---------------------------	---------------------------

City & State PALM CITY FL	City & State PALM CITY FL
---------------------------------	---------------------------------

Zip 34990	Country	Zip 34990	Country
--------------	---------	--------------	---------

4. FEI Number 65-0791839	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSTIRRAT SCOTT
6339 LONGLEAF PINE DRIVE

JUPITER FL
33458**7. Name and Address of New Registered Agent**

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 **SCOTT STIRRAT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/08/2001

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	STIRRAT SCOTT	
STREET ADDRESS	1410 SE 7TH AVE #9	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIRRAT SCOTT MP/V/D/M	
STREET ADDRESS	6339 LONGLEAF PINE DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Scott Stirrat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PVDM 03/08/2001

Date

Daytime Phone #

CR2E034 (11/00)