

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91369 013 ***150.00

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DOCUMENT # P97000025567

1. Entity Name

WHS INVESTMENTS, INC.



Principal Place of Business

2963 GULF TO BAY BLVD.

SUITE 330

CLEARWATER FL 33759

US

Mailing Address

2963 GULF TO BAY BLVD.

SUITE 330

CLEARWATER FL 33759

US

2. Principal Place of Business

5680 ROOSEVELT BLVD.

3. Mailing Address

5680 ROOSEVELT BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

4. FEI Number **59-3433442**

Applied For

Not Applicable

Zip

33760

Country

USA

Zip

33760

Country

USA

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

SIMON, WILLIAM H. JR.

2963 GULF TO BAY BLVD., SUITE 330

CLEARWATER FL 33759

Name

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

5680 ROOSEVELT BLVD.

City

CLEARWATER

FL

Zip Code

33760

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SIMON, WILLIAM H. JR.**
STREET ADDRESS **2963 GULF TO BAY BLVD., SUITE 330**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5680 ROOSEVELT BLVD.**
CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)