

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90130 038 ***158.75

0616378

DOCUMENT # P97000028981

1. Entity Name
WHALTON LANE, INC.

Principal Place of Business
**25000 OVERSEAS HWY.
 SUMMERLAND KEY FL 33042**

Mailing Address
**PO BOX 381
 SUMMERLAND KEY FL 33042-0381**

C0066163



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Zero Whalton Lane
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Key West, Florida
 Zip
33040
 Country

City & State
 Zip
 Country

4. FEI Number **65-0742268**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSASCO, PETER L
 25000 OVERSEAS HWY
 PO BOX 381
 SUMMERLAND KEY FL 33042**

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

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

(NOTE: Registered Agent 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 | DPS | <input type="checkbox"/> Delete |
| NAME | ROSASCO, PETER | |
| STREET ADDRESS | 24800 OVERSEAS HIGHWAY | |
| CITY-ST-ZIP | SUMMERLAND KEY FL 33042 | |
| 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 | DPS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Peter L. Rosasco Jr. | |
| STREET ADDRESS | 25000 Overseas Hwy | |
| CITY-ST-ZIP | Summerland Key, FL 33042 | |
| TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Charles P. Embry | |
| STREET ADDRESS | 1009 Ocean Drive | |
| CITY-ST-ZIP | Summerland Key, FL 33042 | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter L. Rosasco Jr. 4-13-01 305-745-4077

Date

Daytime Phone #

CR2E034 (10/00)