

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90139 044 ***150.00

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DOCUMENT # P97000054278

1. Entity Name

WITTNER NATIONAL GROUP, INC.



Principal Place of Business
**5999 CENTRAL AVE., 4TH FLOOR
ST. PETERBURG FL 33710**

Mailing Address
**5999 CENTRAL AVE., 4TH FLOOR
ST. PETERBURG FL 33710**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3455858**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHMIDT, DALE F
5999 CENTRAL AVE.
4TH FLOOR
ST. PETERBURG FL 33733**

Name
Thomas A. Schultz
Street Address (P.O. Box Number is Not Acceptable)
**5999 Central Ave
4th Floor**
City
ST. PETERSBURG, FL Zip Code
33710

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

Thomas A. Schultz Treas.

3/26/03

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 **CD** ☐ Delete
NAME **WITTNER, TED P**
STREET ADDRESS **5999 CENTRAL AVE #400**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE ☐ Change ☐ Addition
NAME **PRES + SECTY** ☒ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **WITTNER, JEAN G**
STREET ADDRESS **5999 CENTRAL AVE 400**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

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

TITLE **P** ☒ Delete
NAME **SCHMIDT, DALE**
STREET ADDRESS **5999 CENTRAL AVE #400**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **Thomas A. Schultz**
STREET ADDRESS **5999 Central Ave, #400**
CITY-ST-ZIP **St Petersburg, FL 33710**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Thomas A. Schultz, Treas.

3/26/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)