2000	UNIFORM BUS	INESS REPO	RT (UBR)						a	
DOCUMENT # P9800000523 1. Entity Name						FILED					
PAT WHITMER & ASSOC., INC.						00 JUL 14 PM 12: 13					
Principal Place of Business 108 ST CLAIR ABRAMS AVE. TAVARES FL 32778-0266		Mailing Address PO BOX 266 TAVARES FL 32778-0266			1	To the	SECRETARY C ALLAHASSEE,)F STAT FLORII	E DA		
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\dashv		DO NOT WRITE	IN THIS SI	PACE		
City & State		City & State			4 , F	El Number	59-3484334	<u></u>		plied For	
Zip	Country	Zip Cour		у	5. 0	Certificate of S	Status Desired		8.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent							
o. Italio dia Address of Carlott registrate Agent				Name							
WHITMER, PATRICIA 108 ST CLAIR ABRAMS AVE TAVARES FL 32778				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL	Zip Code	e	
SIGNATURE _	named entity submits this statement for Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible	and title if applicable. (NOTE	E: Registered	Agent signature req		instating)		DATE	\$5.0	O Mov Bo	
Tax filing requirement and elects to do so. (See criteria on back)		After SEPTEMBER 13, 2000 Min. will be Make Check Payable to Department of									
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CH	ANGES TO OFFICE	·		3 IN 11	
TITLE NAME STREET ADORESS CITY-ST-ZIP	P Del WHITMER, PATRICIA 108 ST. CLAIR ABRAMS TAVARES FL 32778		TITLE NAME STREET CITY-S	TADDRESS ST-ZIP		7000033499 -08/08/06010 ****150.00_*					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TI N. S		TITLE NAME STREET CITY-S	I ADORESS ST-ZIP					☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS			<i>VA-0</i> -,	-	Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME						☐ Change	Addition	

STREET ADDRESS

CITY-ST-ZIP 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:

SIG

STREET ADDRESS

PAT WHITMER & ASSOC., INC.



JOHN HUGHES, EA* Enrolled to Practice Before the IRS

PAT WHITMER, CFP, EA** Certified Financial Planner

JOYCE OTTE*

Enrolled to Practice Before the IRS

July 6, 2000

Florida Department Of State **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

Re:

Document # P98000000523

Entity Name: Pat Whitmer & Assoc., Inc.

To Whom It May Concern:

We received a 2000 Uniform Business Report marked Second Notice. After reviewing the Form we noted that there is a penalty if not filed by May 1, 2000.

After placing a call to your Department, we were told to send a check for \$150 and a letter explaining the extenuating circumstances that caused the Second Notice.

This office is heavily involved in tax preparation during the period January 1 through April 15. During this period our Office Manager's parents, who reside out of state, were seriously ill and various treatments and procedures required her to be away from the office for an extended period of time.

We used temporary employees as receptionists and to handle the office mail. We believe the initial report was probably received, but did not come to my attention so that it could be handled immediately.

We appreciate your consideration in resolving this matter and want to assure you that it will be handled promptly in the future.

Sincerely,

Pat Whitmer, CFP, EA

108 St. Clair Abrams Avenue • Post Office Box 266 • Tavares, FL 32778-0266 TEL: (352) 742-1040 • FAX: (352) 742-1579 • pat@patwhitmer.com





