

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90101 028 \*\*\*150.00

**DOCUMENT # P98000000523**

**1. Entity Name**  
**PAT WHITMER & ASSOC., INC.**



**Principal Place of Business**  
**108 ST CLAIR ABRAMS AVE.**  
**TAVARES FL 32778-0266**

**Mailing Address**  
**PO BOX 266**  
**TAVARES FL 32778-0266**



**2. Principal Place of Business**

**3. Mailing Address**

**106 Timber Lane**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

☒ **CHECK HERE IF MAKING CHANGES**

**City & State**

**Yalaha, FL**

**City & State**

**Yalaha, FL**

**4. FEI Number** **59-3484334**

**Applied For**  
**Not Applicable**

**Zip**  
**34797**

**Country**

**Zip**

**Country**

**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**

**WHITMER, PATRICIA**  
**108 ST CLAIR ABRAMS AVE**  
**TAVARES FL 32778**

**Name**

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

**106 Timber Lane**

**City**  
**Yalaha**

**FL**

**Zip Code**  
**34797**

**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**

*Patricia Whitmer*

**3-12-03**

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** **P** ☐ **Delete**  
**NAME** **WHITMER, PATRICIA**  
**STREET ADDRESS** **108 ST. CLAIR ABRAMS**  
**CITY-ST-ZIP** **TAVARES FL 32778**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **106 Timber Lane**  
**CITY-ST-ZIP** **Yalaha, FL 34797**

**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**

**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**

**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:**

*Patricia Whitmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-03**

Date

**352-742-1040**

Daytime Phone #

CR2E034 (10/02)