

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064014

1. Entity Name

JULIE A. WHITLEY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90193 037 ***150.00

Principal Place of Business

Mailing Address

1303 UTAH BLVD.
ORLANDO FL 32803

1303 UTAH BLVD.
ORLANDO FL 32803-3617

2. Principal Place of Business

2408 JAMIE CIRCLE

3. Mailing Address

2408 JAMIE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

ORLANDO

4. FEI Number

59-3530342

Applied For

Not Applicable

Zip

FL

Country

32803

Zip

FL

Country

32803

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITLEY, JULIE A
1303 UTAH BLVD
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

WHITLEY, JULIE A.

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

2408 JAMIE CIRCLE

City

ORLANDO

FL

Zip Code

32803

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

Julie A. Whitley

JULIE A. WHITLEY

4-28-00

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WHITLEY, JULIE A	1303 UTAH BLVD.	ORLANDO FL 32803	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	WHITLEY, JULIE A	2408 JAMIE CIRCLE	ORLANDO, FL. 32803	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Julie A. Whitley

JULIE A. WHITLEY

4-28-00

407-228-4831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)