2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000097655**

1. Entity Name

WHITFIELD INVESTMENT COMPANY



FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90636 047 ***150.00

| | | | | | | (0 ME) | | | | | | |
|--|---------------------------|---|---------------------------------------|--|-------------|----------------------------------|--|--|--------------------------------|----------------------------|---------------|---------|
| Principal Plac 310 WHITFIELI SARASOTA FL | D AVENUE | s | 310 V | Mailing Address 310 WHITFIELD AVENUE SARASOTA FL 34243 | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | EHAL ANN (EA) | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City | City & State | | | 4. | FEI Number 65-0877730 | | Applied For Not Applicable | | 7 |
| Zip Country | | | Zip | | try | 5. Certificate of Status Desired | | | 8.75 Additional ee Required | | | |
| | 6. Name | and Address of Curren | t Registere | Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |] |
| | | المراجعي سين مداري المراجعين | ع و ع | | | Name= - | | and the second s | | | - | - |
| TAACA, D | erek Field aven | ul IC | | 3 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | A FL 34243 | | | | | | | | | | | 1 |
| 3 | | | | | | City | | | FL | Zip Cod | | |
| | named entitions of regist | | for the purp | ose of changing its | register | ed office or regist | ered ag | gent, or both, in the State of Florida. | I am fai | miliar with, | and accept | |
| SIGNATURE | Signature, typed | or printed name of registered age | nt and title if app | licable. (NOTE | : Registere | d Agent signature requir | red when ri | einstating) | DATE | | | |
| | | !! FEE IS \$150.00 03 Fee will be \$550.00 |) | | | ··· | | Election Campaign Financi Trust Fund Contribution. | ng 🔲 | \$5.0 | 00 May Be | |
| Make Check | c Payable to | Florida Department | of State | | | | | Wast, And Samuelland | | | | |
| 10. | | OFFICERS ANI | D DIRECTO | RS | 11. | | AD | DDITIONS/CHANGES TO OFFICER | S AND D | DIRECTOR | S IN 11 |]_ |
| TITLE | PD | 1.10 | | ☐ Delete | TITLI | : | | | l | Change | ☐ Addition | (10/02) |
| NAME | TAACA, DI | erek | | | NAM | E | | | | | | 15 |
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| CITY-ST-ZIP | portific that the | e information avantical and | th this filio- | does not qualify for | | | Section | 119.07(3)(i), Florida Statutes. I furti | ner certif | v that the | information | + |
| iz. Thereby C | seriny mai the | e inici mation supplied wi | តា ពេក ពេកប្រ | goes not quality for | ale eve | induoi stateu III s | SOCIOII | Trouville, Fronta Statutes, Fluitt | | y charters | or Haddon | 1 |

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 true efforts over the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true efforts over the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation or the receiver or true efforts of the corporation of t

SIGNATURE:

SIGNATURE REQUIRED DEREK TAACA
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/20/03

941-351-7900

Daytime Phone #