

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010852

1. Entity Name
WHD, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90050 035 ***150.00

Principal Place of Business
38 FISHERMANS COVE ROAD
PONTE VEDRA BEACH FL 32082

Mailing Address
38 FISHERMANS COVE ROAD
PONTE VEDRA BEACH FL 32082

915400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1414 KINGSLEY AVE.

1414 KINGSLEY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3

SUITE 3

City & State

City & State

ORANGE PARK, FL

ORANGE PARK, FL

Zip

Country

Zip

Country

32073

CLAY

32073

CLAY

4. FEI Number 59-3555826

Applied For

Not Applicable

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

FAIRBANKS, RANDAL C
217 PONTE VEDRA PARK DRIVE
SUITE 200
PONTE VEDRA BEACH FL 32082

Name

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

City

FL

Zip Code

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WOODBURN, HENRY P III
STREET ADDRESS 2315 BEACH BLVD., SUITE 201
CITY-ST-ZIP JACKSONVILLE BEACH FL 32082

TITLE ☒ Change ☐ Addition
NAME ~~HENRY P III WOODBURN, HENRY P III~~
STREET ADDRESS 510 S. THIRD ST.
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32082

TITLE D ☐ Delete
NAME HEINRICH, THOROLF
STREET ADDRESS #1 NORTH STREET
CITY-ST-ZIP MIDDLEBURG FL 32068

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

TITLE D ☐ Delete
NAME DICKINSON, FRANKLIN B
STREET ADDRESS 38 FISHERMANS COVE ROAD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☒ Change ☐ Addition
NAME DICKINSON, FRANKLIN B.
STREET ADDRESS 1414 KINGSLEY AVE, SUITE 3
CITY-ST-ZIP ORANGE PARK, FL 32073

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Franklin Dickinson

Date

904 264 5754

Daytime Phone #

CR2E034 (10/00)