## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 29, 2000 8:00 am Secretary of State DOCUMENT # P99000086968 1. Entity Name W.H.W. INSURANCE AND FINANCIAL SERVICES, INC. 02-29-2000 90117 022 \*\*\*150.00 Mailing Address Principal Place of Business 7881 S.W. 3RD, STREET 7881 S.W. 3RD, STREET N. LAUDERDALE FL 33068 N. LAUDERDALE FL 33068-1216 UUVIOIVUU 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-095-0045 City & State Applied For City & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALTERS, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 7881 S.W. 3RD. STREET N. LAUDERDALE FL 33068 City Zip Code FL 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, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE ☐ Delete TITLE WALTERS, WILLIAM H NAME NAME STREET ADDRESS STREET ADDRESS 7881 S.W. 3RD. STREET CITY-ST-ZIP CITY-ST-ZIP N. LAUDERDALE FL 33068 ☐ Change Addition Addition ☐ Delete TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME **HMAN** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME

13. 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Date Daytime Phone #