

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P99000088012

1. Entity Name

PAUL E. WHELAN, CERTIFIED PUBLIC ACCOUNTANT, P.A

FILED
Jun 08, 2000 8:00 am
Secretary of State

04-23-2000 90013 043 ***150.00

Principal Place of Business

6810 WHITE OAK DR.
MIAMI LAKES FL 33014

Mailing Address

6810 WHITE OAK DR.
MIAMI LAKES FL 33014-2934

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

68-0952758

Applied For

Not Applicable

5. Certificate of Status Desired

☐ - \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHELAN, PAUL E
6810 WHITE OAK DR.
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

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 renouncing)

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 PRESIDENT
NAME PAUL E. WHELAN
STREET ADDRESS 6810 WHITE OAK DR.
CITY-ST-ZIP MIAMI LAKES FL. 33014

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)