

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90081 006 ***150.00

DOCUMENT # V07699

1. Entity Name

WHITTINGTON BENEFIT SERVICES, INC.

Principal Place of Business

2247 PALM BEACH LAKES BLVD
SUITE 201
WEST PALM BEACH FL 33409
US

Mailing Address

2247 PALM BEACH LAKES BLVD
SUITE 201
WEST PALM BEACH FL 33409
US

2. Principal Place of Business

2840 N.W. Boca Raton Blvd.
Suite, Apt. #, etc.
Suite 105

3. Mailing Address

2840 N.W. Boca Raton Blvd.
Suite, Apt. #, etc.
Suite 105

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0300663

Applied For

Not Applicable

Zip

33431

Country

U.S.A.

Zip

33431

Country

U.S.A.

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

WHITTINGTON, R. HUNTER
1957 NEWHAVEN AVE
WELLINGTON FL 33414

Name

R. Hunter Whittington

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

2298 N.W. 35th St.

City

BOCA RATON

FL

Zip Code

33431

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

R. Hunter Whittington, President, R. Hunter Whittington 4-10-01

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	P	<input type="checkbox"/> Delete
NAME	WHITTINGTON, R. HUNTER	
STREET ADDRESS	1957 NEWHAVEN AVE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. Hunter Whittington	
STREET ADDRESS	2298 N.W. 35th St.	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: R. Hunter Whittington, R. Hunter Whittington

4-10-01

561-620-0064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)