

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90128 040 ****50.00

DOCUMENT # L01000012956

1. Entity Name
M.D. WHITE, LLC

Principal Place of Business 1752 SW BILTMORE STREET PORT ST. LUCIE FL 34984	Mailing Address 1752 SW BILTMORE STREET PORT ST. LUCIE FL 34984
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **65-1126891**

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~METZGER, KATHY A
 800 S.E. MONTEREY COMMONS BLVD., SUITE 103
 STUART FL 34996~~

Name **MICHAEL J. MCCUSKEY**
 Street Address (P.O. Box Number is Not Acceptable)
1100 S. FEDERAL HWY.
 City **STUART** FL Zip Code **34991**

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 *Michael J. McCuskey* **MICHAEL J. MCCUSKEY, IT'S ATTORNEY** **4/17/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGR	WHITE, MARK D.	1752 SW BILTMORE STREET PORT ST. LUCIE FL 34984	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mark D. White* **Mark D. White** **4-19-02** **772-879-0754**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)