

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90401 007 ***150.00

DOCUMENT # P02000016528



1. Entity Name
WHITE OAK DAIRY, INC.

Principal Place of Business
**RT. 2 BOX 190
MAYO FL 32066**

Mailing Address
**RT. 2 BOX 190
MAYO FL 32066**

2. Principal Place of Business
6951 SW CR 534
Suite, Apt. #, etc.

3. Mailing Address
1700 NE Shady Oak Rd.
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Mayo Florida
Zip Country
32066 Lafayette

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Mayo Florida
Zip Country
32066 Lafayette

4. FEI Number
01-0614276

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

**SULLIVAN, JODY W
RT. 2 BOX 190
MAYO FL 32066**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	SULLIVAN, JODY W
STREET ADDRESS	RT. 2 BOX 190
CITY-ST-ZIP	MAYO FL 32066
TITLE	D <input type="checkbox"/> Delete
NAME	SULLIVAN, DEBORAH J
STREET ADDRESS	RT. 2 BOX 190
CITY-ST-ZIP	MAYO FL 32066
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	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah J. Sullivan Sec. 4-10-03 386-294-1335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ADVANCE AT CR2E034 (10/02)