

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90012 038 ***150.00

DOCUMENT # 225993

1. Entity Name
WHITE TOWERS INC

Principal Place of Business
43 DOLPHIN DR
TREASURE ISLAND FL 33706
US

Mailing Address
P O BOX 7998
ST PETERSBURG FL 33734
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6069092**

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

KIPP, LORENE
216-23RD AVENUE N
SAINT PETERSBURG FL 33704

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **VD** ☐ Delete
 NAME **JERGER, THOMAS J**
 STREET ADDRESS **5900 98TH AVENUE NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **JERGER, RICHARD M**
 STREET ADDRESS **43 DOLPHIN DR**
 CITY-ST-ZIP **TREASURE ISL FL 33706**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **JERGER, EVELYN W**
 STREET ADDRESS **43 DOLPHIN DR**
 CITY-ST-ZIP **TREASURE ISL FL 33706**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WHITE, ANN M**
 STREET ADDRESS **BOX 832 N/A**
 CITY-ST-ZIP **FLORAL CITY FL 32636**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST** ☐ Delete
 NAME **CUNNINGHAM, MONICA L**
 STREET ADDRESS **100 SECOND AVE N SUITE 320**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Richard M. Jerger

2-13-02

(727) 894-2238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Richard M. Jerger, Chairman and President

Date

Daytime Phone #

CR2E034 (9/01)