

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-06-2003 90120 047 ***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**

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

Lorene Kipp

2-4-03

Signature, typed or printed name of registered agent and title if applicable.

(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	VD	<input type="checkbox"/> Delete
NAME	JERGER, THOMAS J	
STREET ADDRESS	5900 98TH AVENUE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JERGER, RICHARD M	
STREET ADDRESS	43 DOLPHIN DR	
CITY-ST-ZIP	TREASURE ISL FL 33706	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JERGER, EVELYN W	
STREET ADDRESS	43 DOLPHIN DR	
CITY-ST-ZIP	TREASURE ISL FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, ANN M	
STREET ADDRESS	BOX 832 N/A	
CITY-ST-ZIP	FLORAL CITY FL 32638	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, MONICA L	
STREET ADDRESS	100 SECOND AVE N SUITE 320	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
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		
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard M Jerger Pres

2/18/03

Daytime Phone #

CR2E034 (10/02)