2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 231769

1. Entity Name

GEO. WHITE & ASSOCIATES, INC.



FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90169 011 ***150.00

| Principal Plac MS. GEORGE / 3811 HAYMAN WALNUT HILL | ANN GOODMA LANE | MS. GE 3811 HA | Mailing Address MS. GEORGE ANN GOODMAN 3811 HAYMAN LANE WALNUT HILL FL 32568 | | | | 1 141 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16 | | | | | | |
|---|---|------------------------|--|-----------------|---------------------------------|---------|--|-------------|-----------------------------------|--------------|--------------------|-----------------------------|------------|
| 2. Principal P | lace of Busin | 3. Mailir | 3. Mailing Address | | | | ., | | | BII 010II 0I | BII BIBII BIBII BI | IBIS BIBLI (BBI | |
| Suite, Apt. | #, etc. | Suite, | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | | |
| City & Stat | e | City 8 | City & State | | | | 4. FEI Number 59-0897664 | | | | | pplied For ot Applicable | |
| Zip | | Country | Zip | Zip | | Country | | 5. Ċ | Certificate of Statu | us Desired | | \$8.75 Ad Fee Require | |
| | 6. Name | and Address of Current | Registered | egistered Agent | | | 7. Name and Address of New Registered Agent | | | | | | |
| GOODMAN 3811 HAYN WALNUT H | | Name N | 20 rg Idress (P | | ANN ox Number is Not Ayme | | Re | | | | | | |
| | | | | | | | olnu | it | H: 11 | | FL | Zip Coo | 568 |
| 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 pegistered agent. SIGNATURE Signature typed or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | | |
| After Make Check | May 1, 200 Payable to | State | State | | | | | | ampaign Finar I Contribution. | icing C | | 00 May Be d to Fees | |
| 10. | | OFFICERS AND | DIRECTOR | S | 11. | | | AD | DITIONS/CHANG | SES TO OFFIC | ERS AND | DIRECTOR | IS IN 11 |
| NAME STREET ADDRESS | VPS WHITE, CY 3800 HAYN WALNUT H | MAN LANE | | ☐ Delete | | | | | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | PT GOODMAN 3811 HAYN WALNUT H | | | ☐ Delete | | | Geor 3811 | 796 | Dent TI ANN W TAUMAN THE | ARREN | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ~ | - :- | | ☐ Delete | | 400 | - | | | . ~ | - | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | 1 | | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | , | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | X y | | | ☐ Delete | | | | | | | | ☐ Change | ☐ Addition |

Li nereby 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 feceiver 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 attractment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02