

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90049 030 ***150.00

DOCUMENT # 681043

1. Entity Name
JON WHITE INC.

Principal Place of Business
1610 S. MARTIN LUTHER KING BLVD
ALACHUA FL 32615
US

Mailing Address
16105 MARTIN LUTHER KING BLVD
ALACHUA FL 32615
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16070 NW US Hwy 441
 Suite, Apt. #, etc.

3. Mailing Address
16070 NW US Hwy 441
 Suite, Apt. #, etc.

City & State
ALACHUA, FL.
 Zip
32615
 Country
USA

City & State
ALACHUA FL.
 Zip
32615
 Country
USA

4. FEI Number **59-2023392** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, JON
16105 MARTIN LUTHER KING BLVD
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
16070 NW US Hwy 441
 City **ALACHUA** **FL** Zip Code **32615**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE: 5/20/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, JONNY W JR. 16105 MARTIN LUTHER KING BLVD ALACHUA FL 32615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, JONNY W. JR. 16070 NW US HWY 441 ALACHUA, FL. 32615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 lines empowered.

SIGNATURE: Jonny White Jr. DATE: 4-29-02 DAYTIME PHONE #: 386-462-2586

CR2E034 (9/01)