

FILED  
May 01, 2003 8:00 am  
Secretary of State

05-01-2003 90997 032 \*\*\*150.00

70053868

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F32754**

1. Entity Name  
**WHITMORE PAVING, INC.**

Principal Place of business  
P.O. BOX 17976  
WEST PALM BEACH, FL 33416

Mailing Address  
P.O. BOX 17976  
WEST PALM BEACH, FL 33416

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

4. FEI Number  
**85-0050357**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**FLETCHER, CYNTHIA**  
2876 SOUTH OCEAN BLVD., #200  
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is not Acceptable)  
**11 NORTH J ST.**  
**LAKE WORTH FL** Zip Code  
**33460**

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 *Cynthia Fletcher* DATE 4/23/03

9. Fraction Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added in Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> New	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMORE, JACK	NAME	
STREET ADDRESS	3397 BERMUDA ROAD	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(1), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature does 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 107, 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 attachments.

SIGNATURE: *Jack Whitmore* DATE 4/23/03

CRJEE034 (1/02)