2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

City & State

Zio

Suite, Apt. #, etc.

US

1470 ALAMANDER AVE

ENGLEWOOD FL 34223

H47844 DOCUMENT #

1. Entity Name

Principal Place of Business

2. Principal Place of Business

DICKINSON, ROBERT A.

the obligations of registered agent.

460 S. INDIANA AVE. ENGLEWOOD FL 33533

1470 ALAMANDER AVE

ENGLEWOOD FL 34223

Suite, Apt. #, etc.

City & State

Zip

US

R.W. WHITEHEAD ENTERPRISES, INC.

Country

6. Name and Address of Current Registered Agent



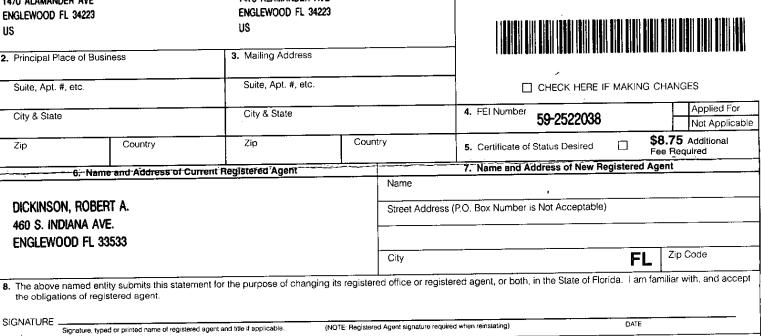
Country

Name

City

FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90024 018 ***150.00



SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. ☐ Change Addition ☐ Delete TITLE TITLE NAME WHITEHEAD, R.W. STREET ADDRESS STREET ADDRESS 1490 ALAMANDER AVE. CITY-ST-ZIP **ENGLEWOOD FL** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME WHITEHEAD, DONOVAN STREET ADDRESS STREET ADDRESS 1470 ALAMANDER AVE CITY-ST-ZIP CITY-ST-ZIE ENGLEWOOD FL 34223 ☐ Addition ☐ Change Delete TITI F TITLE NAME NAME WHITEHEAD, JOSEPH STREET ADDRESS STREET ADDRESS 1470 ALAMANDER AVE CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 Change ☐ Addition TITLE ☐ Delete TITLE NAME WHITEHEAD, KAREN NAME STREET ADDRESS STREET ADDRESS 1470 ALAMANDER AVE CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 attachmen

SIGNATURE:

CITY-ST-ZIP

R2E034 (10/02)