

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90099 033 ***150.00

DOCUMENT # H69880

1. Entity Name
DONALD F. WHITE AND ASSOCIATES, INC.



Principal Place of Business
~~901 S.E. MONTEREY COMMONS BLVD~~
~~SUITE #300~~
~~STUART FL 34996~~
~~US~~
1803 S. Kanner Hwy
Stuart FL

Mailing Address
P.O. BOX 2770
P.O. BOX 2770
STUART FL 34995-2770
US



2. Principal Place of Business
1803 S. Kanner Hwy
Suite, Apt. #, etc.

3. Mailing Address
PO Box 2770
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Stuart FL
Zip
34994 Country
us

City & State
Stuart FL
Zip
34995-2770 Country
us

4. FEI Number **59-2558774**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, JR. D
~~901 S.W. MONTEREY COMMONS BLVD~~
~~SUITE #300~~
~~STUART FL 34996~~
1803 S. Kanner Hwy
Stuart FL 34994

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 _____
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 **DP** ☐ Delete
NAME **WHITE JR, DONALD F.**
STREET ADDRESS **901 SE MONTEREY COMMONS BLVD STE 300**
CITY-ST-ZIP **STUART FL 34996**

TITLE ☒ Change ☐ Addition
NAME **1803 S. Kanner Hwy**
STREET ADDRESS **Stuart FL 34995**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WHITE, GRACE R.**
STREET ADDRESS **901 SE MONTEREY COMMONS BLVD STE 300**
CITY-ST-ZIP **STUART FL**

TITLE ☒ Change ☐ Addition
NAME **1803 S. Kanner Hwy**
STREET ADDRESS **Stuart FL 34994**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: **Grace R. White** **3/17/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)