2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

2201 POPE AVE.

DOCUMENT # H79081

1. Entity Name

2201 POPE AVE.

Principal Place of Business

WHITE CONSTRUCTION COMPANY OF VOLUSIA COUNTY



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90257 048 ***150.00

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SOUTH DAYTONA FL 32119		SOUTH DAYTONA FL 32119					ali didil bian	01011 6 1011 1001
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	4. FEI Number 59-2590543			pplied For
Zip	Country	Zip	Country	5.	Certificate of Status Desired		\$8.75 Ad	ditional
	6. Name and Address of Curren	t Registered Agent			Name and Address of New Re			
WHITE, MARK D. 2201 POPE AVE. S DAYTONA FL 32119			Stre	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Cod	le
8. The above the obliga SIGNATURE	e named entity submits this statement into the stat			e or registered a		rida. I am fa	amiliar with,	and accept
	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	_	·		9. Election Campaign Fina	ancing	\$5.0	10 May Be
Make Check	k Payable to Florida Department	of State			Trust Fund Contribution		Added	to Fees
10.	OFFICERS AND		11.	ΔΙ		CEDS AND	DIDECTOR	C INL 44
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WHITE, MARK D. 2201 POPE AVE. S. DAYTONA FL	□ Delete	TITLE NAME STREET ADDRE		SEMIONO/OFFINALES TO OFFIC	DENS AND	☐ Change	Addition
TITLE NAME Street Address City-St-Zip	S WHITE, PATRICIA M. 2201 POPE AVE S DAYTONA FL	☐ Delete	TITLE NAME STREET ADDRE	SS	-7-12		Change	☐ Addition
TITLE NAME Street Address City-St-Zip	VP WHITE, RYAN D 2201 POPE AVENUE DAYTONA BEACH FL 32119	☐ Delete	TITLE NAME STREET ADDRE	SS	بالمراجعة الما يودونيات المالية	<u></u>	Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS .		•	☐ Change	Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR