2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 04, 2001 8:00 am Secretary of State DOCUMENT # **J06828** 1. Entity Name WHITEHOUSE BUILDERS, INC. 4-04-2001 90134 010 ***150.00 Principal Place of Business Mailing Address 1717 KAMLER AVE 1717 KAMLER AVE 737641 ORLANDO FL 32817 ORLANDO FL 32817 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2698846 Not Applicable Country Zip Country \$8.75 Additional 5._Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERWIG, RONDLE L. Street Address (P.O. Box Number is Not Acceptable) 2331 VINCENT RD. ORLANDO FL 32817 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE GERWIG, RONDLE L. NAME STREET ADDRESS 2331 VINCENT ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition TITLE ☐ Delete NAME GERWIG, RONDLE L NAME STREET ADDRESS 2331 VINCENT ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change Addition TITLE ☐ Delete TITLE NAME GERWIG, JANET NAME STREET ADDRESS 2331 VINCENT RD. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 like empowered.