

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-15-2003 90199 025 ***158.75



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # J25074 1. Entity Name AULD & WHITE CONSTRUCTORS, INC.					
Principal Place of Business 4168 SOUTHPOINT PARKWAY SUITE 101 JACKSONVILLE FL 32216			Mailing Address 4168 SOUTHPOINT PARKWAY SUITE 101 JACKSONVILLE FL 32216		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2723325	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
F & L CORP. 200 LAURA ST. JACKSONVILLE FL 32202			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, EDWARD W., JR.	NAME			
STREET ADDRESS	13804 HUNTERWOOD RD.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, EDWARD W., SR.	NAME			
STREET ADDRESS	938 VERSAILE CIR.	STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELL, STEPHEN R	NAME			
STREET ADDRESS	4168 SOUTHPOINT PKWY STE 101	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32216	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AULD, STEVEN	NAME			
STREET ADDRESS	2223 HUNTERWOOD CT	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	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)(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		1/13/03 904-296-2550 Date Daytime Phone #	

CR2E034 (10/02)