

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90014 009 *****50.00

DOCUMENT # L01000007780

1. Entity Name

WHITE LAKE INVESTMENTS, LLC



Principal Place of Business

**2666 AIRPORT ROAD SOUTH
NAPLES FL 34112**

Mailing Address

**2666 AIRPORT ROAD SOUTH
NAPLES FL 34112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3723798**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BLACK, BRAD
2666 AIRPORT ROAD SOUTH
NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name **William T. Higgs**

Street Address (P.O. Box Number is Not Acceptable)
2666 Airport Rd. S.

City **Naples**

FL

Zip Code **34112**

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 *William T. Higgs*
Signature, typed or printed name of registered agent and title, if applicable.

William T. Higgs

5/19/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **POWER CORPORATION**
STREET ADDRESS **2666 AIRPORT ROAD SOUTH**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **MGRM** ☐ Delete
NAME **CARR, MICHAEL J SR.**
STREET ADDRESS **11466 LONGSHORE WAY W.**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

William T. Higgs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/19/03 239-775-2230

CR2E083 (10/02)

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