

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L75470

1. Entity Name

WHITE SWORD, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90017 046 ***150.00

Principal Place of Business

Mailing Address

COUNTY RD 65
PO BOX 1534
BUNNELL FL 32110
US

P.O. BOX 536353
ORLANDO FL 32853-6353
US

2. Principal Place of Business

3. Mailing Address

805 E. HARWOOD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO FL

Zip 32803

Country USA

Zip

Country

4. FEI Number

59-3065593

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

SMITH, JAMES A.
COUNTY ROAD 65
BUNNELL FL 32110

Name

WILSON CRAWFORD

Street Address (P.O. Box Number is Not Acceptable)

805 E. HARWOOD ST.

City

ORLANDO

FL

Zip Code

32803

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 re-registering)

DATE

Wilson Crawford

5-1-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS CRAWFORD, WILSON
CITY-ST-ZIP COUNTY ROAD 65 POB 1534
BUNNELL FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 805 E. HARWOOD ST.
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Wilson Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00

407-228-9034

CR2E034 (9/99)