

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90068 001 ***150.00

0028222

DOCUMENT # L90846

1. Entity Name

WHITE OAK DESIGN AND CONSTRUCTION, INC.

Principal Place of Business

**3308 LEMOYNE CT
TALLAHASSEE FL 32312
US**

Mailing Address

**3308 LEMOYNE CT
TALLAHASSEE FL 32312
US**

2. Principal Place of Business

3867 W. MILLERS BRIDGE RD

Suite, Apt. #, etc.

3. Mailing Address

3867 W. MILLERS BRIDGE RD

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32312

Country

US

Zip

32312

Country

US

4. FEI Number

59-3114168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DRIVER, WALTER J
3308 LEMOYNE CT
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name **DRIVER, WALTER J.**
Street Address (P.O. Box Number is Not Acceptable)
3867 W. MILLERS BRIDGE RD.

City

TALLAHASSEE

FL

Zip Code

32312

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]

2-10-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE **PD** ☐ Delete
NAME **DRIVER, U-RENDIA B**
STREET ADDRESS **3308 LEMOYNE CT 3867 W. MILLERS BRIDGE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **SD** ☐ Delete
NAME **DRIVER, WALTER J**
STREET ADDRESS **3308 LEMOYNE CT 3867 W. MILLERS BRIDGE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-01 850-386-7225

Date

Daytime Phone #

CR2E034 (10/00)