

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90739 032 ***150.00

DOCUMENT # L90846

1. Entity Name

WHITE OAK DESIGN AND CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

B0062069

2. Principal Place of Business

1473 Constitution Place E

Suite, Apt. #, etc.

3. Mailing Address

1473 Constitution Place E.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3114168

Applied For

☐ Not Applicable

Zip

32308

Country

USA

Zip

30308

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Walter J. Driver

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

1473 Constitution Place E.

City

Tallahassee

FL

Zip Code

32308

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)

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>President</u>
NAME	<u>U-Ronda V. Driver</u>
STREET ADDRESS	<u>1473 Constitution Place East</u>
CITY-ST-ZIP	<u>Tallahassee, FL 32308</u>
TITLE	<u>Secretary</u>
NAME	<u>Walter J. Driver</u>
STREET ADDRESS	<u>1473 Constitution Place East</u>
CITY-ST-ZIP	<u>Tallahassee, FL 32308</u>
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter J. Driver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02

Date

850-510-1984

Daytime Phone #

CR2E034B (12/01)