FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90231 040 ***185.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013203

1. Entity Name
WHITE OAK BAYSIDE, INC.

11034959

Principal Place of Business	Mailing Address
322 BANYAN BLVD. W. PALM BEACH, FL 33401	P.O. BOX 4961 ORLANDO, FL 32802

2. Principal Place of Business		3. Mailing Address	
422 7th Street		422 7th Street	
Suite, Apt. #, etc. #2		Suite, Apt. #, etc. #2	
City & State West Palm Bch., FL		City & State West Palm Bch., FL	
Zip 33401	Country USA	Zip 33401	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0981347 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVENUE, STE. 1100
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name Paula J. Ryan

Street Address (P.O. Box Number is Not Acceptable) 422 7th Street, Suite 2

City West Palm Beach, FL Zip Code 33401

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 [signature] 4/24/03

Signature, typed or printed name of registered agent and title if applicable. (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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RYAN, PAULA J 322 BANYAN BLVD. W. PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	422 7th Street, Suite 2 West Palm Beach, FL 33401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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] 4/24/03 (561) 838-8886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #