

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000020813**

1. Entity Name

**CHRIS WHITE, INC.****FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90165 036 \*\*\*150.00

0127087 AI

Principal Place of Business

**1876 SPRINGBUSH LANE  
CLEARWATER FL 33763**

Mailing Address

**1876 SPRINGBUSH LANE  
CLEARWATER FL 33763**

00100013



DO NOT WRITE IN THIS SPACE

|   |         |  |         |
|---|---------|--|---------|
| 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 <b>59-3629196</b>                           |         | Applied For<br><input type="checkbox"/> Not Applicable |         |
| 5. Certificate of Status Desired <input type="checkbox"/> |         | \$8.75 Additional Fee Required                         |         |

**6. Name and Address of Current Registered Agent****WHITE, CHRIS  
1876 SPRINGBUSH LANE  
CLEARWATER FL 33763****7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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, 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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          | <b>P</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>WHITE, CHRIS D</b>       |                                 |
| STREET ADDRESS | <b>1876 SPRINGBUSH LANE</b> |                                 |
| CITY-ST-ZIP    | <b>CLEARWATER FL 33763</b>  |                                 |
| TITLE          | <b>VP</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>WHITE, MURIELLE</b>      |                                 |
| STREET ADDRESS | <b>1876 SPRINGBUSH LANE</b> |                                 |
| CITY-ST-ZIP    | <b>CLEARWATER FL 33763</b>  |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 addendum, with all other like empowered.

SIGNATURE:

**CHRIS D WHITE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8/1/02**  
Date**(727) 504-7426**  
Daytime Phone #

CR2E034 (4/02)



Attachment

**CHRIS WHITE, INC.**  
1876 Springbush Lane  
Clearwater, Florida 33763  
727.504.7426

August 6, 2002

700000520813

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Per August 1, 2002 telecon with Laura at the Division of Corporations, this letter is being sent  
along with a \$150 corporate renewal fee, as notification that an initial Uniform Business Report  
statement was not received by my office for processing. Chris White, Inc. is a new corporation,  
and this is a first-time renewal; it is requested that the penalty for late filing be waived under  
these conditions.

If you have any questions or should you require further information, please contact me at (727)  
943-3083.

Best Regards,

Chris D. White  
President  
Chris White, Inc.

ENCLOSURE