

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

0185607 AV

03-24-2002 90066 037 ***150.00

DOCUMENT # P00000088707

1. Entity Name
WHITE DOVE, INC.

Principal Place of Business Mailing Address
8720 SHADOW WOOD BLVD., APT. #207 8720 SHADOW WOOD BLVD., APT. #207
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5328 Courtney Cir 5328 Courtney Cir
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Boynton Beach, FL Boynton Beach, FL
 Zip Country Zip Country
33437 Palm Beach 33437 Palm Beach

4. FEI Number **65-1040508** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FRANZ, HYE K YOUNG
8720 SHADOW WOOD BLVD., APT. #207
CORAL SPRINGS FL 33071

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.

SIGNATURE _____ (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, 2002 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 **PTSD** ☐ Delete
 NAME **FRANZ, HYE K YOUNG**
 STREET ADDRESS **8720 SHADOW WOOD BLVD., APT. #207**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSD** ☒ Change ☐ Addition
 NAME **FRANZ, HYE K YOUNG**
 STREET ADDRESS **5328 Courtney Cir**
 CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.06/2002 496-7673
 (561) 852-2000

CR2E034 (9/01)