

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90347 049 ***150.00

DOCUMENT # P00000100541

1. Entity Name
THE SAM WHITE COMPANY



Principal Place of Business
P.O. BOX 1074
NAKOMIS FL 34275-1074

Mailing Address
P.O. BOX 1074
NAKOMIS FL 34275-1074



2. Principal Place of Business
1070 LAUREL Rd E.
Suite, Apt. #, etc.
396A
City & State
Nokomis, FL.
Zip
34275 Country
U.S.

3. Mailing Address
1070 LAUREL Rd E.
Suite, Apt. #, etc.
396A
City & State
Nokomis FL.
Zip
34275 Country
U.S.

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
LIEBERMAN, ERIK R
227 NOKOMIS AVENUE S
VENICE FL 34285

4. FEI Number **01-0282858** Applied For
 Not Applicable

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

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 _____ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, SHELTON S JR	
STREET ADDRESS	435 WEST AUBURN ROAD	
CITY-ST-ZIP	AUBURN ME 04210	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, FRANCOISE L	
STREET ADDRESS	435 WEST AUBURN ROAD	
CITY-ST-ZIP	AUBURN ME 04210	
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		

11. 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		

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: *Shelton S White Jr* **1/8/02** **941-485-4741**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)