

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

APPROVED
AND
FILED

DOCUMENT # PO1000066175

1. Entity Name



03 SEP -2 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

601-12th Ave. N.E. #1

3. Mailing Address

P.O. Box 669

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg

City & State

St. Petersburg

Zip

Country

33701

Pneilay

Zip

Country

33771-0669

Pneilay

4. FEI Number

59-3742613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Brian S. White

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

2817 Luce Drive South

City

Clearwater

FL

Zip Code

33761

**DO NOT WRITE
IN THIS SPACE**

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

B. S. White

Brian S. White

8/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President / Director</u> <u>Stephen A. White</u> <u>12090 Topaz Street</u> <u>Spring Hill, Florida 34608</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>900022704049</u> <u>09/02/03--01075--009</u> **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.P. / Director</u> <u>Charles R. White, Jr.</u> <u>10488-112th Ave. North</u> <u>Largo, Florida 32773</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secy / Treas / Director</u> <u>Brian S. White</u> <u>2817 Luce Drive South</u> <u>Clearwater, Fl. 33761</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

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

SIGNATURE:

B. S. White

Brian S. White

8/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #