

FILED
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Secretary of State

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

DOCUMENT # P01000076824			
1. Entity Name WHITE GLOVE GROUP, INC.			
Principal Place of Business 4630 SOUTH KIRKMAN ROAD UNIT 749 ORLANDO, FL 32811		Mailing Address 4630 SOUTH KIRKMAN ROAD UNIT 749 ORLANDO, FL 32811	
2. Principal Place of Business 115 MANOR BLVD		3. Mailing Address 115 MANOR BLVD	
Suite, Apt. #, etc. 204		Suite, Apt. #, etc. 204	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34104		Zip 34104	
Country USA		Country USA	
4. FEI Number 59-3736085 Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name GERALD E. MIKLER Street Address (P.O. Box Number is Not Acceptable) 115 MANOR BLVD #204 City NAPLES FL Zip Code 34104	
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 Gerald E. Mikler DATE 4/26/03 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when electing.)			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD MIKLER, GERALD F 4630 SOUTH KIRKMAN ROAD UNIT 749 ORLANDO, FL 32811		PD MIKLER, GERALD F 115 MANOR BLVD #204 NAPLES, FL 34104	
STD MCKENZIE, JOHN H 4630 SOUTH KIRKMAN ROAD UNIT 749 ORLANDO, FL 32811		STD MCKENZIE, JOHN H 115 MANOR BLVD #204 NAPLES, FL 34104	
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: Gerald E. Mikler		DATE 4/26/03 DAYLINE PHONE # 239-641-8160	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			