

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

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90044 036 \*\*\*150.00

DOCUMENT # **701000087740**

1. Entity Name

**W. Allen White, INC**

**DO NOT WRITE IN THIS SPACE**

95552

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>FT. LAUDERDALE, FL</b> Suite, Apt. #, etc. <b>3505 OAKS WAY 108</b>		3. Mailing Address <b>3505 OAKS WAY 108</b> Suite, Apt. #, etc.	
City & State <b>POMPANO BEACH</b>		City & State <b>POMPANO BEACH FL</b>	
Zip <b>33069</b>	Country <b>USA</b>	Zip <b>33069</b>	Country <b>USA</b>
A. FEI Number <b>65-1143127</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **W. ALLEN WHITE**  
Street Address (P.O. Box Number is Not Acceptable)  
**3505 OAKS WAY 108**  
City **POMPANO BEACH, FL** Zip Code **33069**

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

**William A. White**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>W. ALLEN WHITE, INC.</b> <b>3505 OAKS WAY 108</b> <b>POMPANO BEACH, FL 33069</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>W. ALLEN WHITE, PRESIDENT</b> <b>(SAME AS ABOVE)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUNE WHITE, VICE-PRES.</b> <b>(SAME AS ABOVE)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>THOMAS KURT WHITE</b> <b>77-6479 LEILANI ST.</b> <b>HAILUA - HONOLULU, HI 96746</b> <b>(SEC./TREASURER)</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**William A. White**

**4-16-02**

**(954) 975 2809**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/01)