

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-01-2003 90813 037 ***150.00

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

5/

DOCUMENT # P01 000102844
1. Entity Name BOB WHITE INNOVATIONS & MARKETING, INC

DO NOT WRITE IN THIS SPACE

55048490

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2118 Flesher Ave
Suite, Apt. #, etc.
City & State
JACKSONVILLE FL
Zip
32207 Country
DUVAL

3. Mailing Address
2118 FLESHER AVE
Suite, Apt. #, etc.
City & State
JACKSONVILLE FL
Zip
32207 Country
DUVAL

4. FEI Number
30-0015456
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name EDWARD AKEL
~~ROBERT P WHITE~~
Street Address (P.O. Box Number is Not Acceptable)
2118 FLESHER AVE
JACKSONVILLE
City FL Zip Code 32207

DR

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 _____
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
President/Secy/Treas.
ROBERT P WHITE
2118 FLESHER AVE
JACKSONVILLE, FL - 32207

TITLE
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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: Robert P White / ROBERT P. WHITE 04/25/03 904 8408759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)