

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0078131 AV

DOCUMENT # P01000119186

1. Entity Name
WHYTE NOISE INC.



FILED

03 SEP 22 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
120 EAST OAKLAND PARK BLVD
#105
WILTON MANORS FL 33334

Mailing Address
120 EAST OAKLAND PARK BLVD
#105
WILTON MANORS FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 30-0006356

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHYTE, THOMAS O
3800 GALT OCEAN DRIVE
1104
FORT LAUDERDALE FL FL 33-308

Name
WHYTE, THOMAS O.
Street Address (P.O. Box Number is Not Acceptable)
7930 East Drive #240.
City N. Bay Village FL Zip Code 33141

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 *Thomas O. Whyte*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/19/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PRES
STREET ADDRESS
CITY-ST-ZIP 3800 GALT OCEAN DRIVE #1104.
FORT LAUDERDALE FL 33308 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 300023357323
09/26/03--01012--001 **\$550.00 ☐ Change ☐ Addition

TITLE
NAME PRES
STREET ADDRESS
CITY-ST-ZIP 7930 East Dr #240
N. Bay Village FL 33141 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *BRG/24* ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE *Thomas O. Whyte*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/03 (954) 709-1675

CR2E034 (4/03)