

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90049 018 ***150.00

DOCUMENT # P02000010393

1. Entity Name
WHITE'S TRANSMISSIONS, INC.



Principal Place of Business
2728 EDWARD AVENUE
PANAMA CITY FL 32405

Mailing Address
2728 EDWARD AVENUE
PANAMA CITY FL 32405

40003432



2. Principal Place of Business

2728 Edward Ave.

Suite, Apt. #, etc.

3. Mailing Address

2728 Edward Avenue

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Panama City, Fla.

City & State

Panama City, Florida

4. FEI Number

47-0846925

Applied For

Not Applicable

Zip

32466

Country

Bay

Zip

32466

Country

Bay

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, STACY

10710 HAPPYVILLE RD.

YOUNGSTOWN FL 32466

Name

N/A

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 Stacy White stacy white - vice President 1/06/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **PD** ☐ Delete
NAME **WHITE, MARTHA**
STREET ADDRESS **10714 HAPPYVILLE RD.**
CITY-ST-ZIP **YOUNGSTOWN FL 32466**

TITLE **VD** ☐ Delete
NAME **WHITE, STACY**
STREET ADDRESS **10710 HAPPYVILLE RD.**
CITY-ST-ZIP **YOUNGSTOWN FL 32466**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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: Martha White Martha White - President 1/06/03 (850) 785-9995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)