

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90356 042 ***150.00

0602058 AV

DOCUMENT # P02000023588

1. Entity Name

KEVIN P. WHITE ENTERPRISES, INC.



Principal Place of Business

**34828 1ST AVENUE
LEESBURG FL 34788**

Mailing Address

**34828 1ST AVENUE
LEESBURG FL 34788**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

32-0004830

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KINGSTON, LINDA D ESQ.
36 NORTH PARK AVENUE
APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name

SAMP

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

City

FL

Zip Code

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 _____ (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	P	<input type="checkbox"/> Delete
NAME	WHITE, KEVIN P	
STREET ADDRESS	34828 1ST AVENUE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, SHARON E	
STREET ADDRESS	34828 1ST AVENUE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P. IN CHARGE INTENSIVE SALES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH P WHITE	
STREET ADDRESS	34828 1ST AVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	SECRETARY / TREASURER / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN P WHITE	
STREET ADDRESS	34828 1ST AVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/29/03** Daytime Phone #: **352-250-1050**

CR2E034 (10/02)