

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91842 037 \*\*\*150.00

**DOCUMENT # P02000047315**

1. Entity Name  
**WHITE DOG ENTERPRISES, INC.**



Principal Place of Business  
**8149 MONARCH DR  
PORT RICHEY FL 34668**

Mailing Address  
**8149 MONARCH DR  
PORT RICHEY FL 34668**



2. Principal Place of Business

**7923 US Highway 19**  
Suite, Apt. #, etc.

3. Mailing Address

**7923 US Highway 19**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Port Richey, Florida**

City & State  
**Port Richey, Florida**

4. FEI Number  
**81-0550344**

Applied For  
Not Applicable

Zip  
**34668**

Country  
**Pasco**

Zip  
**34668**

Country  
**Pasco**

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

**COKER, JEANNE L  
8149 MONARCH DR  
PORT RICHEY FL 34668**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**17221 Thomas Blvd**

City  
**Hudson**

FL

Zip Code  
**34667**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete  
NAME **BARGAR, EMORY M**  
STREET ADDRESS **5003 DORY DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **DP** ☐ Change ☒ Addition  
NAME **Billie Jeanne Bargar**  
STREET ADDRESS **17221 Thomas Blvd.**  
CITY-ST-ZIP **Hudson, FL 34667**

TITLE **DV** ☐ Delete  
NAME **COKER, C. DEAN**  
STREET ADDRESS **8149 MONARCH DR**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **DY** ☒ Change ☐ Addition  
NAME **DEAN C Coker**  
STREET ADDRESS **17221 Thomas Blvd.**  
CITY-ST-ZIP **Hudson, FL 34667**

TITLE **DST** ☐ Delete  
NAME **COKER, JEANNE L**  
STREET ADDRESS **8149 MONARCH DR**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **DST** ☒ Change ☐ Addition  
NAME **JEANNE L. Coker**  
STREET ADDRESS **17221 Thomas Blvd.**  
CITY-ST-ZIP **Hudson, FL 34667**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Joanne L. Coker**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03 (727) 841-9747**  
Date Daytime Phone #

CR2E034 (10/02)