

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90217 021 ***158.75

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

DOCUMENT # P02000131761					
1. Entity Name WHITE AND ASSOCIATES MANAGEMENT SERVICES, INC.					
Principal Place of Business 4001 38TH STREET SOUTH ST. PETERSBURG, FL 33711			Mailing Address 4001 38TH STREET SOUTH ST. PETERSBURG, FL 33711		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent DIAZ, JOE 17410 US HWY 41 NORTH LUTZ, FL 33549				7. Name and Address of New Registered Agent Name 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's signature required when requesting) Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW WITH FEE IS \$160.00 After May 15, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD WHITE, ZANDRA 4001 38TH STREET SOUTH ST. PETERSBURG, FL 33711	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <i>Zandra White</i> ZANDRA WHITE 4/24/03 864-2776					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

90104380



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 06-1665691 ☐ Applied For Not Applicable

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

CR2E034 (10/02)