

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90191 007 ***158.75

DOCUMENT # P38405

1. Entity Name

THE WHITE HOUSE STORES, INC.



Principal Place of Business
**6711 BAYMEADOW DRIVE #A
GLEN BURNIE MD 21060-6401**

Mailing Address
**6711 BAYMEADOW DRIVE #A
GLEN BURNIE MD 21060-6401**

90028894



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1413575**

Applied For

Not Applicable

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

**HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE
SUITE 200
TALLAHASSEE FL 32301**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	HIRSCH, STEPHEN	6711 BAYMEADOW DRIVE #A	GLEN BURNIE MD 21060-6401	<input type="checkbox"/>
P	SARMIENTO, RICHARD	6711 BAYMEADOW DRIVE, #A	GLEN BURNIE MD 21060-6401	<input type="checkbox"/>
VP	SMITH, MICHAEL	6711 BAYMEADOW DRIVE, #A	GLEN BURNIE MD 21060-6401	<input type="checkbox"/>
VP	SMITH, PATRICIA D	6711 BAYMEADOW DRIVE #A	GLEN BURNIE MD 21060-6401	<input type="checkbox"/>
D	FOLEY, CRAIG	6711 BAYMEADOW DRIVE #A	GLEN BURNIE MD 21060-6401	<input type="checkbox"/>
D	MACHENS, MICHAEL	6711 BAYMEADOW DRIVE #A	GLEN BURNIE MD 21060-6401	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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

01/28/2003 410-487-7747 Ext. 105

Date

Daytime Phone #