

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007527

1. Entity Name
WHITE'S ACOUSTICS, INC. ✓

Principal Place of Business

8007 RAMONA BLVD
JACKSONVILLE FL 32221
US

Mailing Address

8007 RAMONA BLVD
JACKSONVILLE FL 32221
US

2. Principal Place of Business

614 North McDuff Ave.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 37296
Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Jacksonville

Zip

32254

Country

Duval

Zip

32236

Country

Duval

4. FEI Number

59-3128464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, JAMES C
1140 CRYSTAL CIRCLE
JACKSONVILLE FL 32221

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, JAMES C	
STREET ADDRESS	1140 CRYSTAL CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	COX, BILLY J	
STREET ADDRESS	2457 IDEGO	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HODGES, BUFORD R	
STREET ADDRESS	RT 24 BOX 91A	
CITY-ST-ZIP	BALDWIN FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 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

James C White

8-30-00

904-384-9081

Date

Daytime Phone #

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90010 025 ***550.00



DO NOT WRITE IN THIS SPACE