

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007527

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

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90012 038 \*\*\*150.00

Principal Place of Business  
**614 NORTH MCDUFF AVE  
JACKSONVILLE FL 32254  
US**

Mailing Address  
**PO BOX 37296  
JACKSONVILLE FL 32221  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 37296**  
Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

Zip  
**32236**

Country  
**US**

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 \$150.00**  
**After MAY-1, 2001 Fee will be \$550.00**  
**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 | NAME             | STREET ADDRESS      | CITY-ST-ZIP           | <input type="checkbox"/> Delete     |
|-------|------------------|---------------------|-----------------------|-------------------------------------|
| P     | WHITE, JAMES C   | 1140 CRYSTAL CIRCLE | JACKSONVILLE FL 32221 | <input type="checkbox"/>            |
| VP    | COX, BILLY J     | 2457 IDEGO          | MIDDLEBURG FL         | <input checked="" type="checkbox"/> |
| S     | HODGES, BUFORD R | RT 24 BOX 91A       | BALDWIN FL            | <input checked="" type="checkbox"/> |
|       |                  |                     |                       | <input type="checkbox"/>            |
|       |                  |                     |                       | <input type="checkbox"/>            |
|       |                  |                     |                       | <input type="checkbox"/>            |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                 | STREET ADDRESS      | CITY-ST-ZIP            | <input type="checkbox"/> Change | <input type="checkbox"/> Addition   |
|-------|----------------------|---------------------|------------------------|---------------------------------|-------------------------------------|
| v.p.  | George W. Rhoden Jr. | 1132 Crystal Circle | Jacksonville, FL 32221 | <input type="checkbox"/>        | <input checked="" type="checkbox"/> |
| Sec.  | Gabriel D. White     | 1140 Crystal Circle | Jacksonville, FL 32221 | <input type="checkbox"/>        | <input checked="" type="checkbox"/> |
|       |                      |                     |                        | <input type="checkbox"/>        | <input type="checkbox"/>            |
|       |                      |                     |                        | <input type="checkbox"/>        | <input type="checkbox"/>            |
|       |                      |                     |                        | <input type="checkbox"/>        | <input type="checkbox"/>            |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-01**

Date

**904-384-9021**

Daytime Phone #

CR2E034 (10/00)