


FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90112 012 ***150.00

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

DOCUMENT # P93000013104			
1. Entity Name CHUCK WHITE & ASSOCIATES, INC.			
Principal Place of Business 5156 MARTHA ANN DR. JACKSONVILLE, FL 32207		Mailing Address 5156 MARTHA ANN DR. JACKSONVILLE, FL 32207	
2. Principal Place of Business <i>104 2nd AVE So.</i>		3. Mailing Address <i>104 2nd AVE So.</i>	
City & State <i>Jacksonville Beach, FL</i>		City & State <i>Jax Bch, FL</i>	
Zip <i>32250</i>	Country <i>USA</i>	Zip <i>32250</i>	Country <i>USA</i>
4. FEI Number 59-3167364		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, MAYNARD C <i>5156 MARTHA ANN DR.</i> <i>JACKSONVILLE, FL</i> <i>200 1st St So.</i> <i>Jacksonville Beach,</i> <i>FL 32250</i>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> 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. <input type="checkbox"/> \$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	D WHITE, MAYNARD C 5156 MARTHA ANN DR. JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, DARLA 5156 MARTHA ANN DR. JACKSONVILLE, FL <i>new add!</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>White, Maynard C</i> <input type="checkbox"/> Delete <i>200 1st St So.</i> <i>Jax Beach, FL 32250</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>White, Darla</i> <input type="checkbox"/> Delete <i>200 1st St So</i> <i>Jacksonville Beach, FL</i> <i>32250</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>DARLA White / Darla White</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>3/21/03</i> DATE <i>904-249-3392</i> Daytime Phone #	

CR2E034 (10/02)