

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90327 045 ***150.00

DOCUMENT # P93000058193



1. Entity Name
GUSTAVE J.S. WHITE COMPANY

Principal Place of Business
236 BEACON LN
TEQUESTA FL 33469

Mailing Address
4440 PGA BLVD
SUITE 402
PALM BEACH GARDENS FL 33410

2. Principal Place of Business
4440 PGA Blvd.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

Suite 402
City & State

City & State

Palm Beach Gardens, FL

Zip

Country

Zip

Country

33410 Palm Beach

6. Name and Address of Current Registered Agent

4. FEI Number **65-0428632**

Applied For
Not Applicable

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

☐ **CHECK HERE IF MAKING CHANGES**

WOLLETT, CYLESTE A
4440 P.G.A. BLVD.
STE 402
PALM BEACH GARDENS FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ **Delete**
NAME **DUNN, PETER**
STREET ADDRESS **236 BEACON LN**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **PS** ☒ **Change** ☐ **Addition**
NAME **PETER DUNN**
STREET ADDRESS **675 PARADISE AVE.**
CITY-ST-ZIP **MIDDLETOWN, RI 02842**

TITLE **VPT** ☒ **Delete**
NAME **BRAZLEY, WILLIAM A.**
STREET ADDRESS **272 VALLEY RD.**
CITY-ST-ZIP **MIDDLETOWN RI**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ **Delete**
NAME **WOLLETT, RONALD L**
STREET ADDRESS **4440 PGA BLVD #402**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PETER R DUNN 4/23/03

Date

Daytime Phone #

CR2E034 (10/02)