

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076304

1. Entity Name

WHITE'S ENTERPRISES OF PENSACOLA, INC.

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90032 006 ***558.75

Principal Place of Business

25 NORTH NAVY BLVD.
PENSACOLA FL 32507

Mailing Address

25 NORTH NAVY BLVD.
PENSACOLA FL 32507

2. Principal Place of Business

900 NAGEL Drive
Suite, Apt. #, etc.

3. Mailing Address

900 NAGEL Drive
Suite, Apt. #, etc.

A0074378



DO NOT WRITE IN THIS SPACE

City & State
PENSACOLA, Florida

Zip
32503

Country
USA

City & State
PENSACOLA, Florida

Zip
32503

Country
USA

4. FEI Number 59-3274025

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, DENNIS M
25 NORTH NAVY BLVD.
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name Dennis M. White

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

900 NAGEL Drive

City Pensacola

FL

Zip Code 32503

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 Dennis M. White, President

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

(NOTE: Registered Agent signature required when reinstating)

8/20/00
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	PD	<input type="checkbox"/> Delete
NAME	WHITE, DENNIS M	
STREET ADDRESS	900 NAGEL DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WHITE, PAMELA W	
STREET ADDRESS	900 NAGEL DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
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		
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	
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	
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:

Dennis M. White, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/00
Date

(850) 433-4909
Daytime Phone #

CR2E034 (5/00)