2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000061276 **DOCUMENT#**

1. Entity Name



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90155 005 ***150.00

WHITE LAKE PROPERTIES, INC.											
Principal Plac 5908 SPRUCE FORT PIERCE	DRIVE	Mailing Address 5908 SPRUCE DRIVE FORT PIERCE FL 34982				J 1881 1886 HIR HAPAT BEHIT BAKIT ASI	H (1841 18 11 8 8 148		18818 8 211 2 88 1		
2. Principal P	lace of Business	3. Mailing Address					L IMBULANI 140 ANIN' MIJUL MDIAI 601	II SAKII BUKA BILA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 65-0601408 Applied For Not Applica				pplied For of Applicable	-	
Zip	Country	Zip		Country		5. (Certificate of Status Desired		3.75 Add		1
	6. Name and Address of Current	Registered	Agent			7. N	ame and Address of New Ro	egistered Age	nt		1
1/11/07/11 14/4/1444					ne	,					
KURTH, W				Stre	Street Address (P.O. Box Number is Not Acceptable)						1
•	uce drive RCE FL 34982						•				+
· TORT FILE									7: 0 1		4
				City	'			FL	Zip Code	e	
	named entity submits this statement fo ions of registered agent.	r the purpos	se of changing its re	gistered offic	e or register	ed age	ent, or both, in the State of Flo	rida. I am fam	iliar with,	and accept	
SIGNATURE .											
	Signature, typed or printed name of registered agent a	and title if applic	able. (NOTE: R	legistered Agent s	signature required	when re	instating)	DATE			4
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Final Trust Fund Contribution	· -		0 May Be to Fees	
10.	OFFICERS AND		S	11,		 AD	DITIONS/CHANGES TO OFFI	CERS AND DI	RECTOR!	S IN 11	-
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NAME	KURTH, WILLIAM			NAME	nu E	in to	h Darrin Spruce Dri	ve			2
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NAME	Kurth, Brian		Dolato	NAME				_			1
STREET ADDRESS	3372 SW CRESTVIEW ROAD			STREET ADDRE	ESS						
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953		<u></u>	CITY-ST-ZIP.				<u></u>	Change	Addition	-
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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:

*lekaukāmare kala*kared SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1129/03