

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002481

1. Entity Name

WHITE ROCK BUILDERS, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90098 049 ***150.00

Principal Place of Business

2802 N.W. 48TH ST.
TAMARAC FL 33309

Mailing Address

2802 N.W. 48TH ST.
TAMARAC FL 33309-6708

2. Principal Place of Business

2719 OAKTREE LN
Suite, Apt. #, etc.
Ft. Laud.

3. Mailing Address

2719 OAKTREE LANE
Suite, Apt. #, etc.
Ft. Laud.



DO NOT WRITE IN THIS SPACE

City & State
Florida

City & State
FL.

4. FEI Number 65-0633857

Applied For
Not Applicable

Zip
33309

Country
USA

Zip
33309

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILLULY WILLIAM
2802 NW 48 ST
TAMARAC FL 33426

7. Name and Address of New Registered Agent

Name William Gilluly
Street Address (P.O. Box Number is Not Acceptable)
2719 OAK TREE LANE
Ft. Laud.
City FL Zip Code 33309

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, 2000 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 PD
NAME GILLULY, WILLIAM A JR
STREET ADDRESS 2802 NW 48 ST
CITY-ST-ZIP TAMARAC FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

William A Gilluly Jr 3/1/00 954 484-8173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #