

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90186 027 ***150.00

DOCUMENT # P96000019597

1. Entity Name
WHITE HOUSE OF SOUTH FLORIDA, INC.



Principal Place of Business
**1722 SE 46TH ST
CAPE CORAL FL 33904**

Mailing Address
**1722 SE 46TH ST
CAPE CORAL FL 33904**

2. Principal Place of Business
1720 SE 46TH ST
Suite, Apt. #, etc.

3. Mailing Address
1720 SE. 46TH ST
Suite, Apt. #, etc.

City & State
CAPE CORAL

City & State
CAPE CORAL

Zip
33904 Country
FL

Zip
33904 Country
FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0646048

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIETH, ELISABETH
3918 SE 19 PLACE
CORAL GABLES FL 33904** *E. Wang*

Name
PIETH, ELISABETH

Street Address (P.O. Box Number is Not Acceptable)
3918 SE. 19. PL.

City
Cape Coral **FL** Zip Code
33904

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
Trust Fund Contribution. ☐ **\$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
**PVST
HEIDLOFF, HEINZ PETER
1722 SOUTHEAST 44TH TERRACE
CAPE CORAL FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
HEIDLOFF, HEINZ PETER
1720 SE. 46TH ST
Cape Coral FL. 33904** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HEIDLOFF, HEINZ PETER
1722 SOUTHEAST 44TH TERRACE
CAPE CORAL FL 33904** ☐ Delete

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

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☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-03

Date

Daytime Phone #

CR2E034 (10/02)