

05-05-2003 91453 010 \*\*\*158.95

<b>DOCUMENT # P96000027698</b>		<b>90127840</b>																																																																																		
<b>1. Entity Name</b> <b>WHITE TIGER ENTERPRISES OF BREVARD, INC.</b>																																																																																				
<b>Principal Place of Business</b> 3941 BURKHOLM MIMS, FL 32754 US		<b>Mailing Address</b> 3941 BURKHOLM MIMS, FL 32754 US																																																																																		
<b>2. Principal Place of Business</b> <i>9794 W. Martingale</i>		<b>3. Mailing Address</b> <i>Same</i>																																																																																		
<b>4. City &amp; State</b> <i>Boise Id</i>		<b>5. City &amp; State</b> <i>Same</i>																																																																																		
<b>6. Zip</b> <i>83709</i>		<b>7. Zip</b> <i>Same</i>																																																																																		
<b>8. Country</b> <i>USA</i>		<b>9. Country</b> <i>Same</i>																																																																																		
<b>10. Name and Address of Current Registered Agent</b> MCDONALD, SANDRA E 3941 BURKHOLM MIMS, FL 32754		<b>11. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																																																																																		
<b>12. 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.</b>																																																																																				
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																																																																				
<b>13. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																				
<b>14. OFFICERS AND DIRECTORS</b>																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%; vertical-align: top;"><table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE</td><td style="width:70%;">D</td></tr><tr><td>NAME</td><td>MCDONALD, SANDRA E</td></tr><tr><td>STREET ADDRESS</td><td>3941 BURKHOLM</td></tr><tr><td>CITY-ST-ZIP</td><td>MIMS, FL 32754</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>MCDONALD, STEPHEN L</td></tr><tr><td>STREET ADDRESS</td><td>3941 BURKHOLM</td></tr><tr><td>CITY-ST-ZIP</td><td>MIMS, FL 32754</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table></td><td style="width:50%; vertical-align: top;"><table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE</td><td style="width:70%;">X Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>9794 W Martingale Dr</td></tr><tr><td>STREET ADDRESS</td><td>Boise, Id 83709</td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td>X Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>9794 W Martingale Dr</td></tr><tr><td>STREET ADDRESS</td><td>Boise Id 83709</td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table></td></tr></table>			<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE</td><td style="width:70%;">D</td></tr><tr><td>NAME</td><td>MCDONALD, SANDRA E</td></tr><tr><td>STREET ADDRESS</td><td>3941 BURKHOLM</td></tr><tr><td>CITY-ST-ZIP</td><td>MIMS, FL 32754</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>MCDONALD, STEPHEN L</td></tr><tr><td>STREET ADDRESS</td><td>3941 BURKHOLM</td></tr><tr><td>CITY-ST-ZIP</td><td>MIMS, FL 32754</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	D	NAME	MCDONALD, SANDRA E	STREET ADDRESS	3941 BURKHOLM	CITY-ST-ZIP	MIMS, FL 32754	TITLE	D	NAME	MCDONALD, STEPHEN L	STREET ADDRESS	3941 BURKHOLM	CITY-ST-ZIP	MIMS, FL 32754	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE</td><td style="width:70%;">X Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>9794 W Martingale Dr</td></tr><tr><td>STREET ADDRESS</td><td>Boise, Id 83709</td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td>X Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>9794 W Martingale Dr</td></tr><tr><td>STREET ADDRESS</td><td>Boise Id 83709</td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	X Change <input type="checkbox"/> Addition	NAME	9794 W Martingale Dr	STREET ADDRESS	Boise, Id 83709	CITY-ST-ZIP		TITLE	X Change <input type="checkbox"/> Addition	NAME	9794 W Martingale Dr	STREET ADDRESS	Boise Id 83709	CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE</td><td style="width:70%;">D</td></tr><tr><td>NAME</td><td>MCDONALD, SANDRA E</td></tr><tr><td>STREET ADDRESS</td><td>3941 BURKHOLM</td></tr><tr><td>CITY-ST-ZIP</td><td>MIMS, FL 32754</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>MCDONALD, STEPHEN L</td></tr><tr><td>STREET ADDRESS</td><td>3941 BURKHOLM</td></tr><tr><td>CITY-ST-ZIP</td><td>MIMS, FL 32754</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	D	NAME	MCDONALD, SANDRA E	STREET ADDRESS	3941 BURKHOLM	CITY-ST-ZIP	MIMS, FL 32754	TITLE	D	NAME	MCDONALD, STEPHEN L	STREET ADDRESS	3941 BURKHOLM	CITY-ST-ZIP	MIMS, FL 32754	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE</td><td style="width:70%;">X Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>9794 W Martingale Dr</td></tr><tr><td>STREET ADDRESS</td><td>Boise, Id 83709</td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td>X Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>9794 W Martingale Dr</td></tr><tr><td>STREET ADDRESS</td><td>Boise Id 83709</td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	X Change <input type="checkbox"/> Addition	NAME	9794 W Martingale Dr	STREET ADDRESS	Boise, Id 83709	CITY-ST-ZIP		TITLE	X Change <input type="checkbox"/> Addition	NAME	9794 W Martingale Dr	STREET ADDRESS	Boise Id 83709	CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP				
TITLE	D																																																																																			
NAME	MCDONALD, SANDRA E																																																																																			
STREET ADDRESS	3941 BURKHOLM																																																																																			
CITY-ST-ZIP	MIMS, FL 32754																																																																																			
TITLE	D																																																																																			
NAME	MCDONALD, STEPHEN L																																																																																			
STREET ADDRESS	3941 BURKHOLM																																																																																			
CITY-ST-ZIP	MIMS, FL 32754																																																																																			
TITLE																																																																																				
NAME																																																																																				
STREET ADDRESS																																																																																				
CITY-ST-ZIP																																																																																				
TITLE																																																																																				
NAME																																																																																				
STREET ADDRESS																																																																																				
CITY-ST-ZIP																																																																																				
TITLE																																																																																				
NAME																																																																																				
STREET ADDRESS																																																																																				
CITY-ST-ZIP																																																																																				
TITLE	X Change <input type="checkbox"/> Addition																																																																																			
NAME	9794 W Martingale Dr																																																																																			
STREET ADDRESS	Boise, Id 83709																																																																																			
CITY-ST-ZIP																																																																																				
TITLE	X Change <input type="checkbox"/> Addition																																																																																			
NAME	9794 W Martingale Dr																																																																																			
STREET ADDRESS	Boise Id 83709																																																																																			
CITY-ST-ZIP																																																																																				
TITLE																																																																																				
NAME																																																																																				
STREET ADDRESS																																																																																				
CITY-ST-ZIP																																																																																				
TITLE																																																																																				
NAME																																																																																				
STREET ADDRESS																																																																																				
CITY-ST-ZIP																																																																																				
TITLE																																																																																				
NAME																																																																																				
STREET ADDRESS																																																																																				
CITY-ST-ZIP																																																																																				
<b>15. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 time empowered.</b>																																																																																				
<b>SIGNATURE:</b> <i>Sandra McDonald</i> <span style="float: right;"><i>4/30/03</i> <sup>208</sup> <i>6588880</i></span>																																																																																				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR</small>																																																																																				

**WHITE TIGER ENTERPRISES OF BREVARD, INC.**

**Stephen L. McDonald**

**Sandee E. McDonald**

9794 W. Martingale Drive

Boise, ID 83709

Phone: 208-658-8880

Attachment 90127840  
Bot# P96000027698

MAY 2, 2003

FLORIDA DEPARTMENT OF STATE

DEPARTMENT OF CORPORATIONS

P.O. BOX 1500


TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

I did not receive my Uniform Business Report for the year 2003. I have moved and I did not receive the form at my new address. I called your office on May 1, 2003 but could not get through due to the phones being busy. I called May 2, 2003 and got your employee, Scott, he instructed me to write this letter to explain why our fee was not paid. If you check your records you will find that we have an impeccable record on timeliness for payment. Since you or I cannot control the mail, I am asking not to be fined for this year. Enclosed you will find my report downloaded off the Internet per Scott's instruction and my check for \$150.00. My new address is White Tiger Enterprises of Brevard, Inc., 9794 W. Martingale Drive, Boise, ID 83709; my new phone number is 208-658-8880.

Thank you in advance for your help.

Respectfully,

  
Sandra McDonald  
President