

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90212 030 ***185.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000058275																																																																																																														
1. Entity Name WHITE OAK BUILDERS, INC.																																																																																																														
Principal Place of Business 322 BANYAN BLVD WEST PALM BEACH, FL 33401		Mailing Address P.O. BOX 4961 ORLANDO, FL 32802																																																																																																												
2. Principal Place of Business 422 7th Street Suite, Apt. #, etc. Suite 2 City & State West Palm Beach, FL Zip 33401 Country USA	3. Mailing Address 422 7th Street Suite, Apt. #, etc. Suite 2 City & State West Palm Beach, FL Zip 33401 Country USA																																																																																																													
4. FEI Number 65-0847026																																																																																																														
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. CHECK HERE IF MAKING CHANGES																																																																																																												
5. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N. ORANGE AVENUE, STE. 1100 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Paula J. Ryan Street Address (P.O. Box Number is Not Acceptable) 422 7th Street, Suite 2 City West Palm Beach, FL Zip Code 33401																																																																																																												
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 DATE 4/23/03 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting.)</small>																																																																																																														
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																												
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE</td><td style="width: 40%;">D</td><td style="width: 30%;">Delete <input type="checkbox"/></td></tr><tr><td>NAME</td><td>RYAN, PAULA J</td><td></td></tr><tr><td>STREET ADDRESS</td><td>322 BANYAN BLVD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WEST PALM BEACH, FL 33401</td><td></td></tr><tr><td>TITLE</td><td></td><td>Delete <input type="checkbox"/></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>Delete <input type="checkbox"/></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>Delete <input type="checkbox"/></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>Delete <input type="checkbox"/></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE	D	Delete <input type="checkbox"/>	NAME	RYAN, PAULA J		STREET ADDRESS	322 BANYAN BLVD		CITY-ST-ZIP	WEST PALM BEACH, FL 33401		TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE</td><td style="width: 40%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td><td style="width: 30%;">Delete <input type="checkbox"/></td></tr><tr><td>NAME</td><td>422 7th Street, Suite 2</td><td></td></tr><tr><td>STREET ADDRESS</td><td>West Palm Beach, FL 33401</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	Delete <input type="checkbox"/>	NAME	422 7th Street, Suite 2		STREET ADDRESS	West Palm Beach, FL 33401		CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. 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 507, 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: DATE 4/23/03 501 831 8886 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Device Phone #																																																																																																												