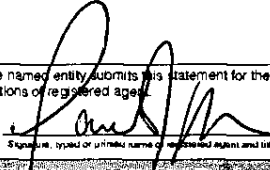
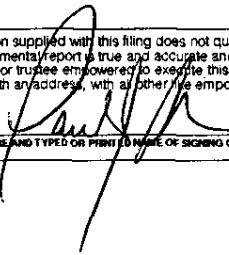


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90212 032 ***185.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079640		
1. Entity Name WHITE OAK ASSOCIATES III, 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 65-0871691		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N. ORANGE AVENUE, SUITE 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 (NOTE: Registered Agent signature required when changing agent)		
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	D RYAN, PAULA J 322 BANYAN BLVD. WEST PALM BEACH, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 422 7th Street, Suite 2 West Palm Beach, FL 33401 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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 all other duly empowered.		
SIGNATURE: 		DATE: 4/23/03 DAYTIME PHONE: 561-831-8886

11034018



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)