

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001325

1. Entity Name
MVK WHITE, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90073 004 ***150.00

Principal Place of Business
38041 DIXIE AVE.
DADE CITY FL 33525

Mailing Address
38041 DIXIE AVE.
DADE CITY FL 33525-5416



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3552965

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

JOHNSON, LEONARD H
37837 MERIDAN AVE.,STE.314
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 D ☐ Delete
NAME WHITE, MICHAEL H
STREET ADDRESS 38041 DIXIE AVE.
CITY-ST-ZIP DADE CITY FL 33525

TITLE D ☐ Delete
NAME WHITE, VALERIE A
STREET ADDRESS 38041 DIXIE AVE.
CITY-ST-ZIP DADE CITY FL 33525

TITLE D ☐ Delete
NAME WHITE, KAREN Q
STREET ADDRESS 580 LAKE DRIVE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE D ☐ Change ☐ Addition
NAME Corley, Karen Q
STREET ADDRESS 3640 Frazier Ct
CITY-ST-ZIP Titusville, FL 32780

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

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

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

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:

Valerie A. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00
Date

(352) 507-4779
Daytime Phone #

CR2E034 (9/99)