

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90105 023 ***150.00

DOCUMENT # P99 00008452

1. Entity Name
WHITE LOLLAR + ASSOCIATES

Principal Place of Business <u>2456 MARKINGHAM ROAD</u> <u>MARIANO, FL 32751</u>	Mailing Address <u>P.O. Box 300048</u> <u>FERN PARK, FL 32730</u>
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2. Principal Place of Business <u>2456 MARKINGHAM ROAD</u> Suite, Apt. #, etc. <u>515</u> <u>MARIANO, FL 32751</u> City & State <u>MARIANO, FL</u> Zip <u>32757</u> Country <u>USA</u>	3. Mailing Address <u>P.O. Box 300048</u> Suite, Apt. #, etc. City & State <u>FERN PARK, FL</u> Zip <u>32730</u> Country
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Rhonda Lollar
2456 MARKINGHAM ROAD
MARIANO, FL 32757

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>Rhonda Lollar</u> <u>2456 MARKINGHAM ROAD</u> <u>MARIANO, FL 32751</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Rhonda Lollar Rhonda Lollar 5/31/2000 407-353-7478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)