2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000022140 **DOCUMENT #**



FILED Feb 25, 2003 8:00 am Secretary of State

MIKE WHITE CARPENTRY & CONCRETE, INC.						02-25-2003 90121 035 ***150.00			
Principal Place of Business 1836 HARDEN BOULEVARD LAKELAND FL 33803		Mailing Address 1836 HARDEN BOULEVARD LAKELAND FL 33803				: 	1817 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877	1 818 (18 8) (181)	EMBNI BADILIKEN
2. Principal Place of Business 3			3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State				4. FEI Number 59-3563095 Applied F. Not Applied			pplied For ot Applicable
Zip Country		Zip			بيجم مسيدا	5. Certificate of Status Desired See Required		ditional	
	6. Name and Address of Curren	t Registered	Agent			7. Name and Address	of New Registered A	gent	
MIKE WHITE CARPENTRY & CONCRETE					ame reet Address (F	O. Box Number is Not A	ccentable)	-	
1836 HARDEN BLVD LAKELAND FL 33803									
				Ci	ty	FL Zip Code			
After	Signature, typed or printed name of registered agent ILE NOW!!! 'FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of		ble. (NOTE	: Registered Agen	it signature required v	vhen reinstating) 9. Election Carr Trust Fund Co			May Be
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANGES	S TO DEFICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, MICHAEL 1836 HARDEN BOULEVARD LAKELAND FL 33803		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII		ADDITIONS/OF IANGES	STO OFFICERS AND	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. श्रम		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF	1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADD CITY-ST-ZIF	1			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDR	j j			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	this filing de-	Delete	TITLE NAME STREET ADDR CITY-ST-ZIP		in 440 07(0)** 5	•	Change	☐ Addition

Thereby certify that the information supplied with this filling 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 FEB 19 2003

SIGNATURE:

Date

Daytime Phone #