

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90434 035 \*\*\*150.00

**DOCUMENT # P99000105625**

1. Entity Name

**WHITELEAF, INC.**

Principal Place of Business

**840- 11TH ST.  
VERO BEACH FL 32960**

Mailing Address

**840- 11TH ST.  
VERO BEACH FL 32960**

2. Principal Place of Business

**3326 ORANGE AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**3326 ORANGE AVENUE**

Suite, Apt. #, etc.

City & State

**FT PIERCE, FLORIDA**

City & State

**FT PIERCE, FLORIDA**

4. FEI Number

**65-0968383**

Applied For

Not Applicable

Zip

**34947**

Country

**U.S.A**

Zip

**34947**

Country

**U.S.A**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FARELL, RICHEY L ESO**

**1595 SE PORT, ST LUCIE BLVD  
PORT ST LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name

**DAVID WARNER**

Street Address (P.O. Box Number is Not Acceptable)

**3326 ORANGE AVENUE**

City

**FT PIERCE**

**FL**

Zip Code

**34947**

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

**DAVID WARNER**

**2/18/02**

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, 2002 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 **S** ☐ Delete  
NAME **OGINZ, STANLEY**  
STREET ADDRESS **3650 MOCKINGBIRD DRIVE**  
CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete  
NAME **WARNER, DAVID**  
STREET ADDRESS **5203 DEER RUN DR.**  
CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **PRESIDENT** ☒ Change ☐ Addition  
NAME **WARNER, DAVID**  
STREET ADDRESS **5203 DEER RUN DRIVE**  
CITY-ST-ZIP **FORT PIERCE FL 34951**

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

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:

**DAVID WARNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/02**

Date

**561 464 9737**

Daytime Phone #

CR2E034 (9/01)