

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107468

1. Entity Name

L & M WHITE INVENTORY SERVICES INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90173 022 ***150.00

Principal Place of Business

Mailing Address

SW 131 TERRACE
FL 33325

511 SW 131 TERRACE
DAVIE FL 33325

2. Principal Place of Business

511 SW 131 Terrace

Suite, Apt. #, etc.

3. Mailing Address

6433 Laurelwood Dr

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State DAVIE, Florida		City & State Zephyrhills, Florida		4. FEI Number 65-0969732	Applied For Not Applicable
Zip 33325	Country Broward	Zip 33541-4870	Country FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARCHESE, RICHARD
511 SW 131 TERRACE
DAVIE FL 33325

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 DATE 2/7/2000
(NOTE: Registered Agent signature required when reinstating)

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 PD	<input type="checkbox"/> Delete	TITLE Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARCHESE, RICHARD		NAME Marchese Richard	
STREET ADDRESS 511 SW 131 TERRACE		STREET ADDRESS 6433 Laurelwood Dr	
CITY-ST-ZIP DAVIE FL 33325		CITY-ST-ZIP Zephyrhills, FL 33541-4870	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAFRENIERE, ROBERT J		NAME	
STREET ADDRESS 5721 RIVERSIDE DR #101		STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33067		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: DATE 2/7/2000 954 236 0255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)