## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 13, 2000 08:00 AM DOCUMENT # S22705 1. Entity Name **Secretary of State** RICHARD ALLAN WHITE AND ASSOCIATES, INC. Principal Place of Business Mailing Address 763 DIVISION ST. 49 ALAFAYA WOODS BLVD. SUITE 176 OVIEDO OVIDEO FL FL 32765 32765 US 2. Principal Place of Business 3. Mailing Address PMB 176 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 61 ALAFAYA WOODS BLVD. City & State City & State 4. FEI Number Applied For OVIDEO FL 65-0233032 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITE RICHARD ALLAN WHITE RICHARD ALLAN 49 ALAFAYA WOODS BLVD., SUITE 176 Street Address (P.O. Box Number is Not Acceptable) PMB 176 OVIEDO 61 ALAFAYA WOODS BLVD. 32765 City Zip Code OVÉDO 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. 02/13/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Detete X Change ☐ Addition WHITE, JEAN HAMBURG NAME WHITE, JEAN HAMBURG STREET ADDRESS 49 ALAFAYA WOODS BLVD. #176 STREET ADDRESS 61 ALAFAYA WOODS BLVD. #176 CITY-ST-ZIP OVIEDO FLCITY-ST-ZIP OVIEDO $\mathbf{FL}$ 37265 TITLE ☐ Delete TITLE X Change ☐ Addition NAME WHITE, RICHARD ALLAN NAME WHITE, RICHARD ALLAN STREET ADDRESS 49 ALAFAYA WOODS BLVD., # 176 STREET ACCRESS 61 ALAFAYA WOODS BLVD., # 176 CITY-ST-ZIF OVIEDO OVIEDO FI. CITY-ST-718 FL. 32765 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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.

CIONATUDE. Joan Hamburg White