

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90692 049 ****50.00

0074605

DOCUMENT # M00000001325

1. Entity Name

WARMACK AND COMPANY, L.L.C.



Principal Place of Business

**30 MORRIS LANE
TEXARKANA TX 75503-2115**

Mailing Address

**30 MORRIS LANE
TEXARKANA TX 75503-2115**

2. Principal Place of Business

30 MORRIS LANE

Suite, Apt. #, etc.

3. Mailing Address

30 MORRIS LANE

Suite, Apt. #, etc.

City & State

TEXARKANA, TX.

Zip

75503-2115

Country
USA

City & State

TEXARKANA, TX.

Zip

75503-2115

Country
USA

4. FEI Number

75-2795888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ABERNATHY JR, BRUCE R
900 VIRGINIA AVE., STE 6
FORT PIERCE FL 34982**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARMACK, ED 650 CENTRAL MALL TEXARKANA TX 75503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARMACK, GEORGE 650 CENTRAL MALL TEXARKANA TX 75503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARMACK, JOHN 650 CENTRAL MALL TEXARKANA TX 75503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARMACK, JAMES 650 CENTRAL MALL TEXARKANA TX 75503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARMACK, DANIEL 650 CENTRAL MALL TEXARKANA TX 75503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	30 MORRIS LANE TEXARKANA TX 75503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	30 MORRIS LANE TEXARKANA TX 75503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	30 MORRIS LANE TEXARKANA TX 75503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-29-03 (903) 838-4000

Date

Daytime Phone #

CR2E083 (10/02)