

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038182

1. Entity Name

WARREN CONSTRUCTION CORP.

FILED

00 FEB 21 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 7581 Frankfort Street, Navarre, FL 32566
Mailing Address: 816 Lark Street, Unit 6, Fort Walton Beach, FL 32547

2. Principal Place of Business: Suite, Apt #, etc.
3. Mailing Address: 7581 Frankfort Street

4. FEI Number: 59-3246993
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
7. Name and Address of New Registered Agent

Spiegel & Utrera, Inc.
343 Almeria Avenue
Coral Gables, FL 33134

Name: Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue
City: Coral Gables, FL 33134

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.
Spiegel & Utrera, P.A.

SIGNATURE By: Natalia Utrera, Vice President
Signature by the principal agent and the registered agent (NOTE: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '00	
TITLE: P NAME: Warren, Vincent E STREET ADDRESS: 7581 Frankfort Street CITY-ST-ZIP: Navarre, FL 32566	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Corp Secretary/Treas. NAME: Deborah L. Warren STREET ADDRESS: 7581 Frankfort St CITY-ST-ZIP: Navarre, FL 32566	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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****150.00 ****150.00

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 reported.

SIGNATURE: [Signature] DATE: 2-17-00 TIME: 9:35
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)