

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2002 8:00 am
Secretary of State

05-31-2002 90001 044 ***150.00

DOCUMENT # P96000066300
 1. Entity Name
 Warranty Acceptance Corporation

Principal Place of Business: 4400 Government Blvd. Mobile, AL 36693
 Mailing Address: 4400 Government Blvd. Mobile, AL 36693

2. Principal Place of Business: 4400 Government Blvd. Suite, Apt. #, etc.
 3. Mailing Address: 4400 Government Blvd. Suite, Apt. #, etc.

City & State: Mobile, AL
 City & State: Mobile, AL
 Zip: 36693 Country: Mobile
 Zip: 36693 Country: Mobile

4. FEI Number: 63-1180065
 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
 Travis L. Miller
 106 East College Avenue
 Suite 1200
 Tallahassee, FL 32301

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: _____ (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, 2001 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 NAME	President	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	Larry T. Myers 4400 Government Blvd. Mobile, AL 36693	
TITLE NAME	Vice President	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	Claude Thompson 4400 Government Blvd. Mobile, AL 36693	
TITLE NAME	Director	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	Larry T. Myers 4400 Government Blvd. Mobile, AL 36693	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Claude Thompson *Claude Thompson* 05/16/02 (251) 660-1901
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)