

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021070

1. Entity Name

WARR & FORESTER, INC.

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90075 012 ***150.00

Principal Place of Business

Mailing Address

151 E. BURGESS RD.
PENSACOLA FL 32503

151 E. BURGESS RD.
PENSACOLA FL 32503-7244

2. Principal Place of Business

3216 S. HIGHWAY 95-A

3. Mailing Address

3216 S. HIGHWAY 95-A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CANTONMENT, FL

City & State

CANTONMENT, FL

4. FEI Number

59-3247409

Applied For

Not Applicable

Zip

32533

Country

Zip

32533

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GODWIN, RALPH L. JR.
151 E. BURGESS RD.
PENSACOLA FL 32503

Name

Street Address (P.O. Box Number is Not Acceptable)

3216 S. HIGHWAY 95-A

City

CANTONMENT

FL

Zip Code
32533

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

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

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT / SECRETARY
RALPH L. GODWIN, JR.
2920 STEFANI ROAD
CANTONMENT, FL 32533

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT / TREASURER
MARIE J. GODWIN
2920 STEFANI ROAD
CANTONMENT, FL 32533

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

RALPH L. GODWIN, JR.

Date

Daytime Phone #

4-26-00

850-477-5968