

FILED

Jun 21, 2001 8:00 am
Secretary of State

05-22-2001 90058 041 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P010000001311

1. Entity Name

WARMAN FINANCIAL SERVICES, INC

Principal Place of Business

5330 SPRING HILL DRIVE, SUITE J
SPRING HILL FL 34606-4543

Mailing Address

2. Principal Place of Business

5330 Spring Hill Drive

3. Mailing Address

Suite, Apt. #, etc.

SUITE J

Suite, Apt. #, etc.

City & State

Spring Hill FL

City & State

34606

Country

USA

Zip

Country

4. FEL Number

59-3690156

Applied For

Not Applicable

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

DAVID S. WARMAN
3154 FLEMING BLVD
HERNANDO BEACH, FL 34607

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

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, 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	P	President	☐ Delete
NAME	DAVID S. WARMAN		
STREET ADDRESS	5330 SPRING HILL DRIVE, SUITE J		
CITY-ST-ZIP	SPRING HILL, FL 34606-4543		
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

(352) 684-5010

Date

Daytime Phone #

CR2E034 (11/00)