

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90102 042 ***150.00

45 75209500

DOCUMENT # F00000004940

1. Entity Name

WARMACK FLORIDA ENTEPRRISES, INC.

Principal Place of Business

**650 CENTRAL MALL
 TEXARKANA TX 75503-2497**

Mailing Address

**650 CENTRAL MALL
 TEXARKANA TX 75503-2497**

2. Principal Place of Business

**30 MORRIS LAKE
 Suite, Apt. #, etc.**

3. Mailing Address

**30 MORRIS LAKE
 Suite, Apt. #, etc.**

City & State

TEXARKANA, TX

City & State

TEXARKANA, TX

4. FEI Number

71-0684774

Applied For

Not Applicable

Zip

75503-2115

Country

USA

Zip

75503-2115

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

B0111500



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ABERNETHY 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.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PCD WARMACK, ED 650 CENTRAL MALL TEXARKANA TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARMACK, JOHN 650 CENTRAL MALL TEXARKANA TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ed WARMACK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

903-838-4000

Daytime Phone #

CR2E034 (9/01)