

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90087 035 ***558.75

DOCUMENT # P98000019071

1. Entity Name
WARREN WOODWORKS, INC.

Principal Place of Business

~~840 ELKHORN UNIT 113~~ **1108 1/2 N. COLLIER BLVD.**
MARCO ISLAND FL 34145

Mailing Address

~~840 ELKHORN UNIT 113~~
MARCO ISLAND FL 34145

2. Principal Place of Business

1108 1/2 N. COLLIER BLVD.

3. Mailing Address

1108 1/2 N. COLLIER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND, FL

4. FEI Number

59-3497188

Applied For

Not Applicable

Zip

Country

34145 USA

Zip

Country

34145 USA

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

WEBSTER, RONALD S
985 N. COLLIER BLVD.
MARCO ISLAND FL 34145

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
NAME **WARREN, HAYDEN R**
STREET ADDRESS ~~840 ELKHORN UNIT 113~~ **535 INLET**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **P** ☒ Change ☐ Addition
NAME **WARREN, HAYDEN**
STREET ADDRESS **535 INLET DR.**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **ST** ☐ Delete
NAME **WARREN, LINDA L**
STREET ADDRESS ~~840 ELKHORN UNIT 113~~ **535 INLET**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **ST** ☒ Change ☐ Addition
NAME **WARREN, LINDA L**
STREET ADDRESS **535 INLET DR.**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **V** ☐ Delete
NAME **LOFANNO, PETER**
STREET ADDRESS **274 S. HEATHWOOD DR.**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

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

TITLE **V** ☐ Delete
NAME **LOFANNO, DEBRA**
STREET ADDRESS **274 S. HEATHWOOD DR.**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

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

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
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER LOFANNO

9/11/02

(239) 642-4441

Date

Daytime Phone #

CR2E034 (4/02)