## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 310812 May 15, 2000 8:00 am Secretary of State 1. Entity Name WARREN INDUSTRIES, INC. 05-15-2000 90313 017 \*\*\*150.00 Mailing Address Principal Place of Business 1310 N HERCULES AVE 1310 N HERCULES AVE **CLEARWATER FL 33765-1922** CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1304123 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE CEO ☐ Delete NAME NAME DESOTO, PETER 1985 Cerroll St STREET ADDRESS STREET ADDRESS 175 GREEN ACRES CITY-ST-ZIP Clearwoter FL CITY-ST-ZIP **ELIZABETHVILLE PA 17023** ☐ Addition Delete TITLE TITLE WILLIAMS, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 652 W MARKET ST CITY-ST-ZIP CITY-ST-ZIP GRATZ PA 17030 ☐ Addition ☐ Change ☐ Delete TITLE TITLE POPPLETON, JAY K NAME NAME STREET ADDRESS STREET ADDRESS 1985 CARROLL ST CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33765 Change ☐ Addition Delete TITLE TITLE **GUTHRIE, SARAH W** NAME NAME STREET ADDRESS STREET ADDRESS 1985 CARROLL ST CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33765 VP FINANCE TITLE ☐ Change Addition Delete TITLE JANUT FASENMYER NAME NAME 130 N HEICULOS AUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Cleannoter, FC TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Davtime Phone #