

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90096 004 \*\*\*150.00

**DOCUMENT # 325607**

1. Entity Name

**DAVID WARREN & SON, INC.**

Principal Place of Business

**405 THORPE ROAD  
 ORLANDO FL 32859-3448  
 US**

Mailing Address

**P.O. BOX 593448  
 ORLANDO FL 32859  
 US**

2. Principal Place of Business

**405 THORPE ROAD  
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. BOX 593448  
 Suite, Apt. #, etc.**

City & State  
**ORLANDO, FLORIDA**

City & State  
**ORLANDO, FLORIDA**

4. FEI Number  
**59-1210316**

Applied For  
 Not Applicable

Zip Country  
**32824 USA**

Zip Country  
**32859 3448 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WARREN, DAVID E.  
 14253 COUNTRY ESTATE DR  
 WINTER GARDEN FL 34787**

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 *David E. Warren* **DAVID E. WARREN, President** **23 January 2002**  
 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

TITLE **PD** ☐ Delete  
 NAME **WARREN, DAVID E**  
 STREET ADDRESS **14253 COUNTRY ESTATE DR**  
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **D** ☐ Delete  
 NAME **WARREN, NINA G**  
 STREET ADDRESS **3413 ELLEN DR**  
 CITY-ST-ZIP **ORLANDO FL**

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  
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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: *David E. Warren* **DAVID E. WARREN, President** **23 Jan 2002 407-851-5270**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)