

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 459148

1. Entity Name
THE WARREN AGENCY, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90077 013 ***150.00

Principal Place of Business 1318 OAK ST Melbourne FL 32901	Mailing Address PO BX 1868 P.O. BOX 5384 MELBOURNE FL 32902-1868 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address P.O. Box 1868 Suite, Apt. #, etc. City & State Melbourne, FL Zip 32902-1868
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4. FEI Number 59-1544828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWTON, SHEILA D
1318 OAK ST
MELBOURNE FL 32901

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	WARREN, DAVID D	
STREET ADDRESS	7968 TIMBERLAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SHEILA D NEWTON	
STREET ADDRESS	97 NIEMIRA AVENUE, UNIT C	
CITY-ST-ZIP	INDIALAUTIC FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WARREN, BONNIE JEAN	
STREET ADDRESS	7968 TIMBERLAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sheila D. Newton, President Date: 2-21-2000 Daytime Phone #: 321.451.2323

CR2E034 (9/99)