2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

463947 DOCUMENT

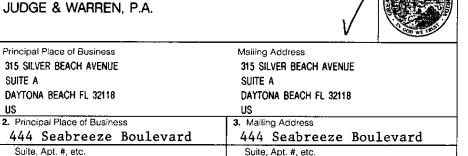
1. Entity Name

JUDGE & WARREN, P.A.



FILED Apr 21, 2003 8:00 am \$ Secretary of State

04-21-2003 91203 043 ***150.00





CHECK HERE IF MAKING CHANGES

Suite 615 Suite 615 City & State City & State 4. FEI Number 59-1559852 Daytona Beach, FL Daytona Beach, FL Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 32118 USA 32118 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

WARREN, DAN R. 315 SILVER BCH AVE. DAYTONA BCH FL 32118 Name Warren

Street Address (P.O. Box Number is Not Acceptable)
444 Seabreeze Boulevard

Suite 615

_{Слу} Daytona Beach

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

.,41	Signature, typed or printed name of registered agent and title if app	olicable.	TE: Registered Agent signature req	uired when reinstating)
	 ILE NOW!!] FEE IS \$150.00-	A AND		9. Election

Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Applied For

Not Applicable

Make Check Payabte to Florida Department of State 10. : 11 15 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE NAME NAME WARREN, DAN R Warren, Dan R. STREET ADDRESS 315 SILVER BEACH AVE. STREET ADDRESS 444 Seabreeze Blvd., Suite 615 CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP Daytona Beach, FL 32118 ☐ Change TITLE ☐ Delete TITLE ☐ Addition ST NAME NAME MANNING, LINDA L STREET ADDRESS 2379 OLD TOMOKA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMAOND BEACH FL Addition 1 TITLE ☐ Change ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not gualify 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 of the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachma

SIGNATURE

Daldwarne Motherous buntes Freid Golding Oblices

CR2E034 (10/02)