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

DOCUMENT #

659889

R. EARL WARREN, P.A.



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90062 015 ***150.00

Principal Place of Business 359 W DEARBORN ST PO BOX 1207 ENGLEWOOD FL 34295-8207		359 V PO B	Mailing Address 359 W DEARBORN ST PO BOX 1207 ENGLEWOOD FL 34295-8207) Nebyyd Byydd flydd yngol (bydd ybyrd y		14814 81841 1884	
2. Principal Place of Business		3. Mai	3. Mailing Address						
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e	City	City & State			FEI Number 59-1982669	——————————————————————————————————————	pplied For of Applicable	
Zip	Country	Zip		Country	5.	Certificate of Status Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent			ed Agent		7. Name and Address of New Registered Agent				
				Name	Name				
Warren, Earl R 359 w Dearborn St			Street /		dress (P.O. Box Number is Not Acceptable)				
ENGLEWO	OOD FL 34223								
*				City			FL Zip Coo	ie	
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									
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be								OO May Ba	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of						Trust Fund Contribution.		d to Fees	
10.	OFFICERS A	ND DIRECTO		11.	A	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Warren, R. Earl 1063 Keyway Road Englewood Fl		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARREN, SYLVIA E. 1063 KEYWAY RD ENGLEWOOD FL		☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP	-		☐ Change	Addition	
TITLE		<u></u>	☐ Delete	TITLE			☐ Change	Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1/21/03

Date