

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90130 001 \*\*\*150.00  
 05-15-2000 90130 002 \*\*\*\*\*8.75

**DOCUMENT # 841367**

1. Entity Name

**WARRCO FOODS CORPORATION**

Principal Place of Business

Mailing Address

2949 26TH AVENUE NORTH  
 C/O DEBORAH WARR  
 ST. PETERSBURG FL 33713

2949 26TH AVENUE NORTH  
 C/O DEBORAH WARR  
 ST. PETERSBURG FL 33713-3829

2. Principal Place of Business

3. Mailing Address

**4358 Great Lakes Dr.**

**4358 Great Lakes Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**c/o John Warr**

**c/o John Warr**

City & State

City & State

**Clearwater, Florida**

**Clearwater, Florida**

Zip

Country

Zip

Country

**33762**

**US**

**33762**

**US**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARR, DEBORAH L.**  
**2949 26TH AVENUE NORTH**  
**ST. PETERSBURG FL 33713**

Name

**John C. Warr**

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

**4358 Great Lakes Drive**

City **Clearwater**

FL

Zip Code

**33762**

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

**John C. Warr, pres John C. Warr**

**4-25-00**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WARR, JOHN C	
STREET ADDRESS	7631 52ND ST. N.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WARR, DEBORAH	
STREET ADDRESS	2949 26TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

**John C. Warr, pres**

**John C. Warr 4-25-00 727-561-0570**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)