

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002670

1. Entity Name

WARRINGTON MARINE INC

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90003 037 ***150.00

Principal Place of Business

320 HIGHWAY 98 EST
#1005
DESTIN FL 32541

Mailing Address

1330 21ST WAY S.
SUITE 210
BIRMINGHAM AL 35205
US

2. Principal Place of Business

669 TRENTON WAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

OSPREY FL

City & State

4. FEI Number 63-1142001

Applied For

Not Applicable

Zip

34229

Country

SARASOTA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARRINGTON, EDWARD L
320 HWY 98 EAST #1005
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name WARRINGTON, EDWARD L

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

City

OSPREY

FL

Zip Code

34229

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

[Signature] PROS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-8-01

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, 2001 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	PCD	<input type="checkbox"/> Delete
NAME	WARRINGTON, EDWARD L	
STREET ADDRESS	1330 21ST WAY SOUTH STE 210	
CITY-ST-ZIP	BIRMINGHAM AL 35205	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WARRINGTON, MELIA	
STREET ADDRESS	1330 21 WAY SOUTH SUITE 210	
CITY-ST-ZIP	BIRMINGHAM AL 35205	
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"/> 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	
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 information empowered.

SIGNATURE:

[Signature] E.L. WARRINGTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

Date

205-933-6260

Daytime Phone #

CR2E034 (10/00)