

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J05337

1. Entity Name

WARNER MECHANICAL CONTRACTORS, INC.

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90246 001 ***317.50

Principal Place of Business

126 AZALEA DRIVE
DESTIN FL 32541
US

Mailing Address

P. O. BOX 1205
DESTIN FL 32540
US

24692



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2651238**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARNER, JOHN C & AUDREY
3818 INDIAN TRAIL
DESTIN FL 32541

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CS	<input type="checkbox"/> Delete
NAME	WARNER, AUDREY A	
STREET ADDRESS	3818 INDIAN TR.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WARNER, JOHN C.	
STREET ADDRESS	740 INDIAN TRAIL	
CITY-ST-ZIP	DESTIN FL	
TITLE		<input type="checkbox"/> Delete
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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

Audrey Warner Audrey Warner

1-12-01

850-837-7895

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)