2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J 29901

1. Entity Name

Law Offices of Jack D. Warner, P.A.

Principal Place of Business
1152 N. University Drive
Suite 201
Pembroke Pines, FL 33024

Mailing Address
P.O. Box 9256
Pembroke Pines,
FL 33084

2. Principal Place of Business

3. Mailing Address
P.O. Box 9256

Suite, Apt. #, etc. | Suite, Apt. #, etc.
Pembroke Pines, FL.

DO NOT WRITE IN THIS SPACE

City & State | City & State
33084

Zip | Country | Zip | Country
USA

4. FEI Number
59-2712502
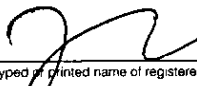
Applied For

Not Applicable

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
Jack D. Warner 1152 N. University Drive Suite 201 Pembroke Pines, FL 33026	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)

3-2-00
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 PRES/TREAS NAME JACK D. WARNER STREET ADDRESS 1152 N. University Dr #201 CITY-ST-ZIP Pembroke Pines FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V-PRES/Secretary NAME JOY WARNER STREET ADDRESS 1152 N. University Dr. #201 CITY-ST-ZIP Pembroke Pines, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-00   954 4318100
Date   Daytime Phone #