

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90222 019 ***150.00

DOCUMENT # J29901

1. Entity Name

LAW OFFICES OF JACK D. WARNER, P.A.

Principal Place of Business

1152 N. UNIVERSITY DR.

STE. 201

PEMBROKE PINES FL 33026

Mailing Address

P.O. BOX 9256

PEMBROKE PINES FL 33084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2712502

Applied For

Not Applicable

Zip

Country

Zip

Country

33024

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, JACK D.

1152 NORTH UNIVERSITY DR

STE. 201

PEMBROKE PINES FL 33024

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
WARNER, JACK D.
1152 N. UNIVERSITY DR. STE. 201
PEMBROKE PINES FL 33026

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
33024 **NOT 33026**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
WARNER, JOY L.
1152 N. UNIVERSITY DR.
PEMBROKE PINES FL 33026

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
33024

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

JACK D. WARNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack D. Warner 1/25/02 954 431 8100
Date Daytime Phone #

CR2E034 (9/01)