

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90174 016 ***150.00

DOCUMENT # J59197

1. Entity Name
WARWICK RUTLAND, INC.



Principal Place of Business
3746-48 E OCEAN BLVD
HARBOUR BAY PLAZA
STUART FL 34996
US

Mailing Address
37460-48 E OCEAN BLVD
HARBOUR BAY PLAZA
STUART FL 34996
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2781498

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEAUCHAMP, STANLEY
14 PERIWINKLE LANE
STUART FL 34996

Name

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

4483 SW. La Poloma Dr.

City

Palm City

FL

Zip

34990

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BEAUCHAMP, STANLEY**
STREET ADDRESS **14 PERIWINKLE LANE**
CITY-ST-ZIP **STUART FL**

TITLE ☒ Change ☐ Addition
NAME **4483 SW. La Poloma Dr.**
STREET ADDRESS **Palm City, FL 34990**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **BEAUCHAMP, MARTIN**
STREET ADDRESS **2826 SW LAKEMONT PL**
CITY-ST-ZIP **PALM CITY**

TITLE ☒ Change ☐ Addition
NAME **50 S. US 1**
STREET ADDRESS **Jupiter, FL 33477**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BEAUCHAMP, SIMON**
STREET ADDRESS **11309 S INDIAN RIVER DR**
CITY-ST-ZIP **FT PIERCE FL 34982-7831**

TITLE ☒ Change ☐ Addition
NAME **3746 E. Ocean Blvd**
STREET ADDRESS **Stuart, FL 34996**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NEAL, BYRON**
STREET ADDRESS **2190 SE GENOA ST**
CITY-ST-ZIP **PORT ST LUCIE FL**

TITLE ☒ Change ☐ Addition
NAME **2505 Lazy Hammock Lane**
STREET ADDRESS **Ft. Pierce, FL 34981**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)