

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J89208

1. Entity Name

NATION WARRANTY CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90045 047 ***150.00

Principal Place of Business

Mailing Address

OKEECHOBEE BLVD.
PALM BEACH FL 33409

2345 OKEECHOBEE BLVD
11780 U.S. HIGHWAY ONE, SUITE 300
WEST PALM BEACH FL 33409-4001
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES INC.
11780 U.S HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408

4. FEI Number 65-0007064

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DPST	CUILLO, ROBERT S	2345 OKEECHOBEE BLVD.	WEST PALM BEACH FL	☐
AS	SEMENORO, CARYL	2345 OKEECHOBEE BLVD	WEST PALM BEACH FL	☒
AS	HOTARY, MICHAEL	2345 OKEECHOBEE BLVD	WEST PALM BEACH FL	☐
AS	CUILLO, ROBERT A.	2345 OKEECHOBEE BLVD	WEST PALM BEACH FL	☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Hotary

4-24-2000

Date

(561) 478-4890

Daytime Phone #

CR2E034 (9/99)