

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90155 017 \*\*\*158.75

**DOCUMENT # K23572**

1. Entity Name

**WARRENTON ENTERPRISES CORPORATION**

Principal Place of Business

**4800 AIRPORT ROAD  
 NAPLES FL 34105  
 US**

Mailing Address

**4800 AIRPORT ROAD  
 NAPLES FL 33942  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**98-0049591**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GRANT, RICHARD C.  
 5551 RIDGEWOOD DRIVE  
 SUITE 501  
 NAPLES FL 33963**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | CUUNJIENG, WILLIAM R. |  |
| STREET ADDRESS | 4800 AIRPORT RD.      |  |
| CITY-ST-ZIP    | NAPLES FL 33942       |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | ROST, GEORGE F.       |  |
| STREET ADDRESS | 3281 HYDE PARK DR.    |  |
| CITY-ST-ZIP    | CLEARWATER FL         |  |
| TITLE          | V                     | <input type="checkbox"/> Delete            |
| NAME           | CHAN, VICKI A.        |  |
| STREET ADDRESS | 4800 AIRPORT RD       |  |
| CITY-ST-ZIP    | NAPLES FL             |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |   |
|----------------|-----------------------|---|
| TITLE          | PD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | CU UNJIENG, WILLIAM R |   |
| STREET ADDRESS | 4800 Airport Road     |   |
| CITY-ST-ZIP    | Naples, FL 34105      |   |
| TITLE          | SD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | FELICITAS DELA ROMA   |   |
| STREET ADDRESS | 4800 Airport Road     |   |
| CITY-ST-ZIP    | Naples, FL 34105      |   |
| TITLE          | VD                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | CHAN, VICKI A.        |   |
| STREET ADDRESS | 4800 Airport Road     |   |
| CITY-ST-ZIP    | Naples, FL 34105      |   |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |   |
| STREET ADDRESS |                       |   |
| CITY-ST-ZIP    |                       |   |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |   |
| STREET ADDRESS |                       |   |
| CITY-ST-ZIP    |                       |   |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |   |
| 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:

*Vicki Chan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 (941) 763-5095  
 Date Daytime Phone #

CR2E034 (9/01)