

04-22-2002 90113 021 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K75819**
 1. Entity Name
Varnes Enterprises, Inc

030181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7270 Lem Turner Rd
 Suite, Apt. #, etc.

3. Mailing Address
7270 Lem Turner Rd
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32208 Country **Dwa1**

Zip
32208 Country **Dwa1**

4. FEI Number
59-2935073

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Varnes Carl

Street Address (P.O. Box Number is Not Acceptable)
7270 Lem Turner Rd

City
Jacksonville FL Zip Code **32208**

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 _____ (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)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	PD Varnes, Carl 7270 Lem Turner Rd Jacksonville, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Varnes, Mita 7270 Lem Turner Rd Jacksonville, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STB Varnes, Joan 7270 Lem Turner Rd Jacksonville, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Brenita N. Varnes** **3-5-02** **904-765-5576**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)