

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	<b>PD</b> <b>Varnes, Carl</b> <b>7270 Lem Turner Rd</b> <b>Jacksonville, FL 32208</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Varnes, Mita</b> <b>7270 Lem Turner Rd</b> <b>Jacksonville, FL 32208</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STB</b> <b>Varnes, Jean</b> <b>7270 Lem Turner Rd</b> <b>Jacksonville, FL 32208</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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)