2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M92477 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name WARRANTY MANAGERS. INC. 04-19-2000 90078 014 ***150.00 Principal Place of Business Mailing Address 6053 LEXINGTON PK. 6053 LEXINGTON PK. ORLANDO FL 32819 ORLANDO FL 32819-4433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2911161 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARRITY, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 6053 LEXINGTON PARK ORLANDO FL 32819 Zip Code : FL 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. 21.34型负责 A WALLEY SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) " 14 Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. DPT ☐ Addition TITLE ☐ Change TITLE ☐ Delete GARRITY, WILLIAM J. NAME STREET ADDRESS 6053 LEXINGTON PARK STREET ADDRESS CITY-ST-7IP ORLANDO FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE GARRITY, FRANCIS D. NAME NAME 217 E ST JOSEPH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN Change ☐ Addition TITLE TITLE ☐ Delete BOUGHTON, MARY JANE NAME NAME 31 FOREST VIEW CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CICERO IN ☐ Addition ☐ Delete TITLE ☐ Change TITLE GARRITY, WILLIAM JAMES NAME NAME 4565 RUTLAND DUNN TOWNLINE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OREGAN WI** ☐ Addition ☐ Change Delete TITLE GARRITY, JAMES J NAME NAME 6053 LEXINGTON PARK STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL ☐ Change Addition DS ☐ Delete TITLE TITLE GARRITY, FRANCES R. NAME NAME 6053 LEXINGTON PARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL

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:

William John William

William J. Garrity

April 12,2000

(407) 876-0929

Date

Daytime Phone #