FILED

(863-299-2344)

Daytime Phone #

MARCH 24, 2002

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Jul 09, 2002 8:00 am Secretary of State DOCUMENT # N0100004509 05-30-2002 91591 045 ****61.25 WINTER HAVEN WARRIORS, INC. Mailing Address Principal Place of Business 186 WHITE CLIFF BLVD. 186 WHITE CLIFF BLVO. AUBURNDALE FL 33823 AUBURNDALE FL 33823 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 59-3032984 \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required ... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ANDERSON, TONY 186 WHITE CLIFF BLVD. AUBURNDALE FL 33823 Zip Code City 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) d agent and title it applicable Make Check Payable to \$5.00 May Be 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition 9/0 TIRLE PRESIDENT Delete TITLE NAMÉ ELIMIO CRUZ NAME CR2E037 STREET ADDRESS 318 THORNHILL ESTATE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Change **K** Addition VICE PRESIDENT ☐ Delete TITLE ROBERT DUNLAP NAME NAME STREET ADDRESS C/O-E.-D.-ROBINSON STREET ADDRESS 49 COLEMAN ROAD - WINTER HAVEN FL 338<u>80 °</u> CITY-ST-ZIE CITY-ST-ZIP TITLE S Addition SECRETARY Delete TITLE PAMELA CHERY NAME NAME C/O EMILY ROBINSON 49 COLEMAN ROAD WINTER HAVEN FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TREASUREY TITLE ☐ Delete TITLE THCHEN WILKERSON 6 SHADOW WOOD RUN SOUTHWEST NAME NAME STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.