FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 28, 2002 8:00 am **Secretary of State DOCUMENT #** P00000071248 1. Entity Name 02-21-2002 90027 035 ***150.00 WARR ENTERPRISES OF FT. WHITE, INC. Mailing Address Principal Place of Business ROUTE 5 BOX 4540 ROUTE-5 BOX.4540 FORT WHITE FL 32038 FORT WHITE FL 32038 2. Principal Place of Business Mailing Address 6855 SW A 6855 SW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number ort W 59-3659934 Fort Wh Not Applicable Country Country Zip \$8.75 Additional Ζiρ 5. Certificate of Status Desired Fee Required 32*03*5 32038 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent WARR, JOHN L Box Number is Not Acceptable) RT 5, BOX 4540 FT. WHITE FL 32038 Zip Code 32038 8. The above named entity sybmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Warr SIGNATURE 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) Detete TITLE Warr John Lilong Street NAME NAME WARR, JOHN L CR2E034 STREET ADORESS STREET ADDRESS RT. 5, BOX 4540 CITY-ST-ZIP Fort white, FL 32038 CITY-ST-ZIP FT. WHITE FL 32038 ☐ Addition ☐ Change ☐ Delete TITLE DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIF ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.