

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90394 047 ***150.00

DOCUMENT # P00000106743

1. Entity Name
TOM WARNER ENTERPRISES, INC.

Principal Place of Business

**7609 SE 90TH AVE
NEWBERRY FL 32669**

Mailing Address

**7609 SE 90TH AVE
NEWBERRY FL 32669**

2. Principal Place of Business

Home Business

Suite, Apt. #, etc.

3. Mailing Address

609 Sabal Palm way

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Panama City Beach, Fla

Zip

32408

Country

Bay

4. FEI Number

59-3681268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARNER, THOMAS H
7609 SE 90TH AVE
NEWBERRY FL 32669**

Name

Thomas H. Warner

Street Address (P.O. Box Number is Not Acceptable)

609 Sabal Palm way

Panama city Beach

FL

Zip Code

32408

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

Thomas H. Warner

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WARNER, THOMAS H**
STREET ADDRESS **7609 SE 90TH AVE**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE *Thomas H Warner President* ☒ Change ☐ Addition
NAME *609 Sabal Palm way*
STREET ADDRESS *Panama city Beach*
CITY-ST-ZIP *Fla 32408*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Secretary* ☐ Change ☒ Addition
NAME *Lynn Payne*
STREET ADDRESS *320 Summerwood DR*
CITY-ST-ZIP *Panama city Beach, Fla 32413*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Thomas H. Warner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 850-236-6688

Date

Daytime Phone #

CR2E034 (10/00)