

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90036 005 \*\*\*150.00

DOCUMENT # P000000106743

1. Entity Name

Tom Warner Enterprises, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Panama City Beach FL.

Suite, Apt. #, etc.

7011 Starfish Ct.

City & State

Panama City Beach FL.

Zip

32407

Country

Bay

3. Mailing Address

2433 Thomas DR PMB183

Suite, Apt. #, etc.

City & State

Panama City Beach FL.

Zip

32408

Country

Bay

4. FEI Number

59-3681268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas Hamilton Warner

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

3528 Fox Run Blvd

City

Panama City Beach

FL

Zip Code

32408

**DO NOT WRITE  
IN THIS SPACE**

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)

4/29/02

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	CEO Thomas Hamilton Warner 3528 Fox Run Blvd Panama City Beach FL. 32408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:

Thomas H. Warner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 850-236-5522

Date

Daytime Phone #

CR2E034B (12/01)