

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90007 050 ***150.00

0016137

DOCUMENT # P0000011729

1. Entity Name

W.W. WARRANTY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**#300-1455 BELLEVUE AVE.
 WEST VANCOUVER, BRITISH COLUMBIA
 CANADA V7T-1C3**

**#300-1455 BELLEVUE AVE.
 WEST VANCOUVER, BRITISH COLUMBIA
 CANADA V7T-1C3**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent--

7. Name and Address of New Registered Agent

**JOSEPH, JEFFREY W
 204 SOUTH MONROE STREET
 TALLAHASSEE FL 32302-3068**

Name

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

City

FL

Zip Code

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 _____

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	PT <input type="checkbox"/> Delete
NAME	WALKER, CHARLES S
STREET ADDRESS	#3001455 BELLEVUE AVE., W. VANCOUVER B.C.
CITY-ST-ZIP	CANADA V7T-1C3
TITLE	V <input type="checkbox"/> Delete
NAME	WALKER, SHANNON
STREET ADDRESS	#300-1455 BELLEVUE AVE., W. VANCOUVER B.C.
CITY-ST-ZIP	CANADA V7T-1C3
TITLE	S <input type="checkbox"/> Delete
NAME	DAR, RAYMOND K
STREET ADDRESS	#300-1455 BELLEVUE AVE., W. VANCOUVER B.C
CITY-ST-ZIP	CANADA V7T-1C3
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 13, 2001 (604) 922-0305
 Date Daytime Phone #

CR2E034 (10/00)