2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000111729

1. Entity Name

DOCUMENT #

W.W. WARRANTY OF FLORIDA, INC.



FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90039 006 ***150.00

Principal Plac #300-1455 BE WEST VANCO CANADA V7T-	ELLEVUE AVE. DUVER. BRITIS	Mailing Address #300-1455 BELLEVUE AVE. WEST VANCOUVER, BRITISH COLUMBIA CANADA V7T-IC3										
2. Principal P	Place of Busin	3. Mailing Address					f 10061004 111 00111 00111 00111 00111 0					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Stat	te	City & State				4	4. FEI Number 98-0341828			oplied For ot Applicable		
Zip Country			Zip Cour			try	5	. Certificate of Status Desired	\$8.75 Additional Fee Required			
	6. Name	and Address of Current Re	gistered	d Agent			7.	. Name and Address of New	Registered A	gent		
:						Name						
JOSEPH, JEFFREY W 204 SOUTH MONROE STREET				Street Addres			ress (P.O	s (P.O. Box Number is Not Acceptable)				
	SSEE FL 32											
						City			FL	Zip Cod	e	
	tions of regis	ered agent.			register	ed office or re	gistered :	agent, or both, in the State of F		amiliar with,	and accept	
	Signature, typed	or printed name of registered agent and	title if appli	cable. (NOTE	: Registere	d Agent signature s	equired whe	en reinstating)	DATE			
Afte	r May 1, 20	! FEE IS \$150.00 03 Fee will be \$550.00 Florida Department of S	State					9. Election Campaign F Trust Fund Contributi	on.	Added	May Be I to Fees	
10.		OFFICERS AND D	IRECTOR	RS	11.			ADDITIONS/CHANGES TO OF	FICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	#300-145	CHARLES S 5 BELLEVUE AVE NCOUVER, BC CANADA	V7T-1C6	□ Delete		i	י			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER,	SHANNON 5 BELLEVUE AVE., W. VA		☐ Delete		li li				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAR, RAY	MOND K 5 BELLEVUE AVE., W. VA	NCOUV	Delete			التصنية في	ger gleich Samme magne in u.		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WALKER, 300-1455			☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		, , , , , , , , , , , , , , , , , , , ,		☐ Delete		į.				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITL: NAM STRE	t t				Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

April 11, 2003

(604) 922-0305

Daytime Phone #