

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90099 006 ***550.00

DOCUMENT # P000001143211. Entity Name
WARLOW INTERIORS, INC.

Principal Place of Business

**306 E HARWOOD ST
ORLANDO FL 32801**

Mailing Address

**306 E HARWOOD ST
ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

79 W. ILLIANA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL4. FEI Number **59-3698197**

Applied For

Not Applicable

Zip

Country

Zip

32806

Country

USA5. 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

**WARLOW, CARLA OWENS
306 E HARWOOD ST
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-13-029. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 **WARLOW, CARLA OWENS**
STREET ADDRESS **306 E HARWOOD ST**
CITY-ST-ZIP **ORLANDO FL 32801**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **OWENS, CARL H SR**
STREET ADDRESS **240 HAMMOND BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32251**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-12-02

Date

(407) 540-0455

Daytime Phone #

CR2E034 (4/02)