

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90297 031 ***150.00

DOCUMENT # P01000024337

1. Entity Name
WARLAND-KING, INC.



Principal Place of Business
**505 AVENUE A, NW, SUITE 102
WINTER HAVEN FL 33881**

Mailing Address
**2484 LYNN LAKE CIR. SOUTH
SAINT PETERSBURG FL 33712**

11019670



2. Principal Place of Business
THE CARD SHOPPE

3. Mailing Address **RAY POINTE**
5045 24th STREET SOUTH

Suite, Apt. #, etc.
RAY POINTE PLAZA

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ST. PETERSBURG

City & State
ST. PETERSBURG

4. FEI Number **03-0431584**

Applied For
Not Applicable

Zip
FL 33711

Country
U.S.A.

Zip
FL 33711

Country
USA.

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HALL, DOUGLAS K
505 AVENUE A, NW, SUITE 102
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name **COLIN G. WARLAND**

Street Address (P.O. Box Number is Not Acceptable)
2484 LYNN LAKE CIRCLE S.

City **ST. PETERSBURG** **FL** Zip Code **33712**

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 **Colin G. Warland**

COLIN G. WARLAND

01-10-2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WARLAND, COLIN G**
STREET ADDRESS **"CARAMET", 42 THE COPPICE, BEARWOOD MANOR**
CITY-ST-ZIP **BLACKBURN BB2 7BQ**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **WARLAND, COLIN G.**
STREET ADDRESS **2484 LYNN LAKE CIRCLE S.**
CITY-ST-ZIP **ST. PETERSBURG - FL 33712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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.

SIGNATURE: **Colin G. Warland**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-2003 727-865-7667

Date

Daytime Phone #

CR2E034 (10/02)