

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2003 8:00 am  
Secretary of State

02-05-2003 90142 009 \*\*\*150.00

**DOCUMENT #** P02000022481

1. Entity Name  
**WARREN STEEL, INC.**



Principal Place of Business  
**29324 CHANDLER TRACE  
ZEPHYRHILLS FL 33544**

Mailing Address  
**29324 CHANDLER TRACE  
ZEPHYRHILLS FL 33544**



2. Principal Place of Business  
**24815 Audrey Rd.**

3. Mailing Address  
**24815 Audrey Rd.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**LAND O' LAKES, FL**

City & State  
**LAND O' LAKES, FL**

Zip  
**34639**

Country  
**USA**

Zip  
**34639**

Country  
**USA**

4. FEI Number  
**02-0553686**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WARREN, RAYMOND E**  
~~29324 CHANDLER TRACE~~  
**ZEPHYRHILLS FL 33544**

*Address Change*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**24815 Audrey Rd.**

City  
**LAND O' LAKES**

State  
**FL**

Zip Code  
**34639**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD</b> <b>WARREN, RAYMOND E</b> <del>29324 CHANDLER TRACE</del> <del>ZEPHYRHILLS FL 33544</del> <i>Address Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VD</b> <b>WARREN, DAVID A</b> <del>29324 CHANDLER TRACE</del> <del>ZEPHYRHILLS FL 33544</del> <i>Address Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>SD</b> <b>BAGGETT, JEFFREY S</b> <del>29324 CHANDLER TRACE</del> <del>ZEPHYRHILLS FL 33544</del> <i>Address Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TD</b> <b>WARREN, RAYMOND E</b> <del>29324 CHANDLER TRACE</del> <del>ZEPHYRHILLS FL 33544</del> <i>Address Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>24815 Audrey Rd</b> <b>LAND O' LAKES, FL 34639</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>24815 Audrey Rd.</b> <b>LAND O' LAKES, FL 34639</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>24815 Audrey Rd.</b> <b>LAND O' LAKES, FL 34639</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Raymond E. Warren President**  
 Date: **1-30-2003** Daytime Phone #: **352 279-4322**

CR2E034 (10/02)