

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90198 031 ***150.00

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DOCUMENT # P02000098203

1. Entity Name

JOSEPH C. WARREN, P.A.



Principal Place of Business

315 SILVER BEACH AVENUE, SUITE A
DAYTONA BEACH FL 32118

Mailing Address

315 SILVER BEACH AVENUE, SUITE A
DAYTONA BEACH FL 32118

2. Principal Place of Business

444 Seabreeze Blvd
Suite, Apt. #, etc.
615

3. Mailing Address

444 Seabreeze Blvd
Suite, Apt. #, etc.
615

City & State

Daytona Beach, FL
Zip
32118
Country
USA

City & State

Daytona Beach, FL
Zip
32118
Country
USA

4. FEI Number

30-0108620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

WARREN, JOSEPH C
315 SILVER BEACH AVENUE, SUITE A
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

WARREN, JOSEPH C

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

444 Seabreeze Blvd. Suite 615

Daytona Beach

City

FL

Zip Code

32118

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WARREN, JOSEPH C
175 VALENCIA DRIVE
ORMOND BEACH FL 32176

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ 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.

SIGNATURE:

Joseph C. Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

(386) 255-3658

Daytime Phone #

CR2E034 (10/02)