2000 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2000 8:00 am **DOCUMENT # P08587** Secretary of State 1. Entity Name WARSON ROAD DEVELOPMENT COMPANY 03-06-2000 90058 002 ***150.00 Principal Place of Business Mailing Address 811 COURT ST 811 COURT ST CLEARWATER FL 33756-5501 CLEARWATER FL 34616 C0032349 3. Mailing Appress 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt # etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 43-0632761 Nat Applicable Country 210 \$8.75 Additional Ζıρ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAHLMEYER, JAMES C. Street Address (P.O. Box Number is Not Acceptable) 811 COURT ST **CLEARWATER FL 34616** Zin 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 Fiorida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's greature required when recistating) PEE 18 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 00.088**8 6d Illw se** Tax filing requirement and elects to do so Trust Fund Contribution Added to Fees Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. □ Charle ☐ Addition TITLE ☐ Delete TITLE NAME KAHLMEYER, JAMES C. NAME STREET ADDRESS STREET ADDRESS 811 COURT ST CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** Fig. []] Additio De:ete DILE TITLE KAHLMEYER, JUDITH A. NAME STREET ADDRESS STREET ADDRESS 811 COURT ST CITY-ST-ZP CITY-ST-ZIP **CLEARWATER FL** [1] Change Addition Delete TiTLE NAME KAHLMEYER, JUDITH A. STREET ADDRESS STHEFT ADDRESS 811 COURT ST CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** [] Ծետոգո ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change [] Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Charle []] Altomor ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 their formation 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

FILED