

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90134 027 \*\*\*150.00

**DOCUMENT # P30572**

1. Entity Name  
**WARLIN, INC.**



Principal Place of Business  
**1940 8TH ST. SOUTH  
NAPLES FL 34102  
US**

Mailing Address  
**6929 N. 16 ST.  
OMAHA NE 68112-3456  
US**



2. Principal Place of Business

3. Mailing Address

**1940 8th ST-80**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**NAPLES**

4. FEI Number **47-0559498**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**FL**

**34102 USA**

5. 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

**DEGOLER, LINDA L  
1940 8TH STREET SOUTH  
NAPLES FL 34102**

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

*Linda L Degoler*

**1-27-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PSD**  
STREET ADDRESS **DEGOLER, LINDA L**  
CITY-ST-ZIP **1940 8TH ST S.  
NAPLES FL 34102**

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

TITLE ☐ Delete  
NAME **VTD**  
STREET ADDRESS **DEGOLER, WARREN H.**  
CITY-ST-ZIP **1940 8TH ST S.  
NAPLES FL 34102**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SMITH, BROOKE L**  
CITY-ST-ZIP **140 YELLOW PINE CIRCLE  
RENO NV 89511**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **11370 Old Maverick Lane**  
CITY-ST-ZIP **Reno, NV 89511**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DEGOLER, SCOTT H.**  
CITY-ST-ZIP **6928 CROWN GATE DR  
MIAMI LAKES FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Linda L Degoler*

**1-27-03 239-643-1940**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)