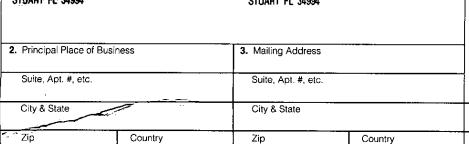
2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #**

P9300000109

1. Entity Name WAR-MIN, INC.

Principal Place of Business

Mailing Address



FILED May 06, 2002 8:00 am Secretary of State 05-06-2002 90265 023 ***150.00

1100 SOUTH FEDERAL HWY. STUART FL 34994			1100 South Federal Hwy. Stuart FL 34994					
2 Principal 6	Place of Busin	200	2 Mailing Addrson					
2. Principal Place of Business			3. Mailing Address			· implied in the little with while with	ener anere zärat itali	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State			City & State		4.	65-0378335 Applied For Not Applicable		
Zip Country		Country	Zip			. Certificate of Status Desired		
	6. Name	and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent			
WADMED	, THOMAS E	vi limining matarija. B	و الدائنسية بحيست ، ١٠٠٠ م	Na	ime	The second of th	· 🛶	لينقحنن
1100 SOL	UTH FEDER/			Street Address (Box Number is Not Acceptable)		
STUART	FL 34994 •		City		у		Zip Cod	e
0 Ti 1	named entity					gent, or both, in the State of Florida.		
Tax filing	oration is eligit	or printed name of registered agent and ble to satisfy its Intangible and elects to do so.		!!! FEE IS \$ 02 Fee will t	oe \$550.00	reinstating) 10. Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	0 May Be
11.		OFFICERS AND D		12,			AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Warner, 1100 S. Fe Stuart Fi	THOMAS E EDERAL HWY.	□ Delete	TITLE NAME STREET ADD	RESS	SUMONO/ONANGES TO OFFICEIS.	Change	Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	1		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	i		Change	☐ Addition
TITLE NAME Street Address City-St-Zip	701		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	RESS	· · · · ·	Change	Addition
TITLE NAME Street Address City-St-Zip	1.1		□ Delete	TITLE NAME STREET ADDR			☐ Change :	☐ Addition
TITLE		* 1 4 1	☐ Delete	TITLE		V-1-1-1	Change	Addition

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 the information indicated on this report or supplemental reports 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 impowered to execute this Jeport 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 like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP