

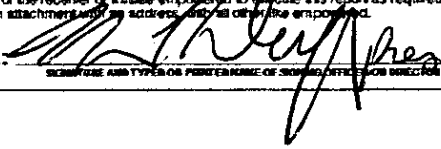


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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 11 PM 9:44

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P94000040410</b>		
1. Entity Name <b>WARNERTON FARM, INC.</b>		
Principal Place of Business 6500 NW HWY 225A OCALA, FL 34482 US		Mailing Address 6500 NW HWY 225A OCALA, FL 34482 US
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number <b>59-3288826</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>LAWRENCE, DAVID R 4901 NW 17TH WAY, SUITE 408 FORT LAUDERDALE, FL 33309</b>		
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typewritten printed name of registered agent and date if applicable. (FOR: Registered Agent signature required when returning)</small> DATE _____		
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WARNER, MARVIN L JR 6500 NW HWY 225A OCALA, FL 34482 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	
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)(b), 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, and is not otherwise employed.		
SIGNATURE:  9/10/03 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Corporate Phone #		

CR2E034 (10/02)

9/11 aw



## WARNERTON FARM

9/10/2003

Mr. Andy Dunlap  
—Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sir:

My secretary spoke with you yesterday regarding our failure to file the Uniform Business Report. It is my understanding that this is to be filed in May and now we are faced with a penalty of up to \$550.00. My secretary informed me that you would consider waiving the \$550.00 penalty by my writing this letter to explain what may have happened.

The owner of the farm passed away in 2002 and I was asked to stay on and help his family and the Trust settle this estate. The property was divided into different parcels and the first parcels sold was the parcel that housed our office forcing us to move and reorganize another office. Somewhere along the line we failed to receive the documentation you mailed for this yearly filing or we may have lost it in the move. Regardless, I am asking that this fee be waived and very much would appreciate your consideration in this matter. I am enclosing a copy of the death certificate.

Thank you in advance for your time and consideration.

Sincerely,

Roger Rosdahl

Encl. 1