

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007903

1. Entity Name

WARNER AQUATIC RESOURCES, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90101 044 \*\*\*150.00

Principal Place of Business

28605 JONES LOOP RD.  
PUNTA GORDA FL 33982  
US

Mailing Address

28605 JONES LOOP RD.  
PUNTA GORDA FL 33982-2351  
US

2. Principal Place of Business

1505-B 6th St SE

3. Mailing Address

PO Box 1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ruskin, FL

City & State

Ruskin, FL

Zip

Country

33570

USA

Zip

Country

33570

USA

4. FEI Number

65-0661079

Applied For

Not Applicable

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

WARNER, WILLIAM  
28605 JONES LOEP RD  
PUNTA GORDA FL 33982

Name

Warner, William

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

1505-B 6th St SE

City

Ruskin

FL

Zip Code

33570

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.

SIGNATURE

William Warner, William Warner

3/30/00

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	WARNER, WILLIAM	
STREET ADDRESS	28605 JONES LOOP RD	
CITY-ST-ZIP	PUTNA GORDA FL 33982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warner, William	
STREET ADDRESS	PO Box 1977	
CITY-ST-ZIP	Ruskin, FL 33570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

813-730-3302

Daytime Phone #

CR2E034 (9/99)