2001 UNIFORM BUSINESS REPORT (UBR)

May Warr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Feb 03, 2001 8:00 am Secretary of State DOCUMENT # **P95000077507** MARK WARRO, INC. 02-03-2001 90064 011 ***150.00 Principal Place of Business Mailing Address 4283 S TAMIAMI TR 1203 S TAMBAMI 110140 2. Principal Place of Business 3. Mailing Address 2741 PLACIOA 535 PARK ESTATES SQ. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0621329 GROVE CITY FLORI DA VENICE FLORIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 34224 34293 Fee Required CHARLOHE SARASOTA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARRO, MARK 4203 S. TAMIAMI TRAIL 535 PARK ESTATES 59. Street Address (P.O. Box Number is Not Acceptable) VENICE FL 34293 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. (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing \$5.00 May be Added to Fees 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550:00 == (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Addition Change NAME WARRO, MARK NAME STREET ADDRESS STREET ADDRESS 535 PARK ESTATES SQUARE CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME WARRO, GRACE M. NAME STREET ADDRESS STREET ADDRESS 535 PARK ESTATES SQ CITY-ST-7IP CITY-ST-7IP VENICE FL 34293 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 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.