

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91219 043 \*\*\*150.00

**DOCUMENT # P96000016779**

1. Entity Name

**WARREN & WARREN, P.A.**



Principal Place of Business

**315 SILVER BEACH AVE  
SUITE A  
DAYTONA BEACH FL 32118  
US**

Mailing Address

**315 SILVER BEACH AVE  
SUITE A  
DAYTONA BEACH FL 32118  
US**

2. Principal Place of Business

**444 Seabreeze Boulevard**

Suite, Apt. #, etc.

**Suite 615**

City & State

**Daytona Beach, FL**

Zip

**32118**

Country

**Volusia**

3. Mailing Address

**444 Seabreeze Boulevard**

Suite, Apt. #, etc.

**Suite 615**

City & State

**Daytona Beach, FL**

Zip

**32118**

Country

**Volusia**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3357855**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WARREN, RAYMOND M  
315 SILVER BEACH AVE SUITE A  
DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

Name

**Raymond M. Warren**

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

**444 Seabreeze Boulevard**

**Suite 615**

City

**Daytona Beach**

**FL**

Zip Code

**32118**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WARREN, RAYMOND M 5945 DORAVILLE DR PT ORANGE FL</b>	<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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Treasurer Raymond M. Warren 5945 Doraville Drive Pt. Orange, FL 32127</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Secretary Joseph C. Warren 175 Valencia Drive Ormond Beach, FL 32176</b>	<input type="checkbox"/> Change <input checked="" 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
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)(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:

**SIGNATURE REQUIRED**  
**Raymond M. Warren, President/Treasurer**

Date

**4/17/03**

**(386) 253-5612**

Daytime Phone #

CR2E034 (10/02)