

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90140 028 \*\*\*150.00

0374277 AV

**DOCUMENT # P96000034780**

1. Entity Name  
**WARREN'S TURF GROUP, INC.**



Principal Place of Business  
**777 S FLAGLER DRIVE  
STE 1100  
WEST PALM BEACH FL 33401  
US**

Mailing Address  
**777 S FLAGLER DRIVE  
STE 1100  
WEST PALM BEACH FL 33401  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country  
Zip Country

4. FEI Number **65-0659887** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**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 \_\_\_\_\_ (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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>WOERNER, LESTER J</b>	
STREET ADDRESS	<b>777 S FLAGLER DRIVE STE 1100</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOERNER, LARRY J</b>	
STREET ADDRESS	<b>777 S FLAGLER DRIVE STE 1100</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, KATHY T</b>	
STREET ADDRESS	<b>777 S FLAGLER DRIVE SUITE 1100</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, T. DAVID JR</b>	
STREET ADDRESS	<b>777 S FLAGLER DRIVE SUITE 1100</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: T. DAVID WILLIAMS JR  
**REQUIRED**

Date **4/24/03** Daytime Phone # **(561) 835-8747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)