

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90104 022 ***150.00

DOCUMENT # P9600104244 (4)

1. Entity Name

WARRIOR GROUP INC.

Principal Place of Business

9120 HERLONG RD.
 JACKSONVILLE FLORIDA
 32210

Mailing Address

9120 HERLONG RD.
 JACKSONVILLE FLORIDA
 32210

2. Principal Place of Business

9120 HERLONG RD.
 Suite, Apt. #, etc.

3. Mailing Address

Box 11913
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 JACKSONVILLE FLORIDA
 Zip
 32210
 Country
 DUAL

City & State
 JACKSONVILLE FLORIDA
 Zip
 32239
 Country
 DUAL

4. FEI Number
 59-3400996
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PAUL GLOWACKI
 9120 HERLONG ROAD
 SUITE 8-13
 JACKSONVILLE FLORIDA 32210

7. Name and Address of New Registered Agent

Name
 PAUL GLOWACKI
 Street Address (P.O. Box Number is Not Acceptable)
 9120 HERLONG RD.
 SUITE 8-13
 City JACKSONVILLE FL Zip Code 32210

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 Paul Glowacki PAUL GLOWACKI

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

(NOTE: Registered Agent signature required when reinstating)

APRIL 25, 2000
 DATE

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PAUL GLOWACKI	9120 HERLONG RD	JACKSONVILLE FLORIDA	<input type="checkbox"/>
	VICE PRESIDENT	6424 LEMEREAU	8436 MALAGA	<input type="checkbox"/>
	SECRETARY	JOHN C. GORMAN JR.	795 S STOKES LAKES RD	<input type="checkbox"/>
	TREASURER	KAREN GORMAN	BOX 11913	<input checked="" type="checkbox"/>
	PRESIDENT	JOHN C. GORMAN JR.	10315 ARROW LAKES DR	<input checked="" type="checkbox"/>
	SECRETARY	PAUL GLOWACKI	105 BAYSHORE DRIVE	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
SECRETARY	JOHN C. GORMAN JR.	795 STOKES LAKES RD.	ST AUGUSTINE FLORIDA 32210	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	GARY LEMEREAU	8436 MALAGA	JACKSONVILLE FLORIDA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PRESIDENT	PAUL GLOWACKI	9120 HERLONG RD. SUITE 8-13	JACKSONVILLE FLORIDA 32210	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	PAUL GLOWACKI	9120 HERLONG RD.	JACKSONVILLE FLORIDA 32210	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Paul Glowacki PAUL GLOWACKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25, 2000 (904) 463-4475

Date

Daytime Phone #

CR2E034 (9/99)