2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90356 020 ***150.00

DOCUMENT # P96000104244

1. Entity Name
WARRIOR GROUP INC.

Principal Place of Business	Mailing Address
9120 HERLON RD JACKSONVILLE FL 32210	BOX 11913 JACKSONVILLE FLORIDA 32239

769091

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9120 HERLONG RD	9120 HERLONG RD
Suite, Apt. #, etc. BLDG 5 STE 8A	Suite, Apt. #, etc. BLDG 5 STE 8A
City & State JACKSONVILLE FLORIDA	City & State JACKSONVILLE FLORIDA
Zip / Country 32210 / USA	Zip / Country 32210 / USA

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	7. Name and Address of New Registered Agent
GLOWACKI, PAUL 9120 HERLON RD STE B-13 JACKSONVILLE, FLORIDA 32210	Name(s) 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.

SIGNATURE _____ DATE
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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P T D GLOWACKI, PAUL 9120 HERLON RD STE B-13 JACKSONVILLE FLORIDA 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GORMAN, JOHN C JR 795 STOKES LANDING RD ST AUGUSTINE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEMERAND, GARY 8436 MALAGA JACKSONVILLE FLORIDA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition V DEGENEFFE, DELANO 655 CUSTER CIRCLE ORANGE PARK, FLORIDA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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 4/24/01 (904) 347-4832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #