

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90421 045 ***150.00

DOCUMENT # **PA6000104244**

1. Entity Name **WARRIOR GROUP, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9300 Normandy Blvd.

Suite, Apt. #, etc.

Bldg. S-8

City & State

Jacksonville, Florida

Zip

32221

Country

USA

3. Mailing Address

9300 Normandy Blvd.

Suite, Apt. #, etc.

Bldg. S-8

City & State

Jacksonville, Florida

Zip

32221

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3400996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John C. Gorman Jr.

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

795 Stokes Landing Rd.

City

St. Augustine

FL

Zip Code **32095**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MAY 27, 2002

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P.T.	TITLE	
NAME	John C. Gorman, Jr.	NAME	
STREET ADDRESS	795 Stokes Landing Rd.	STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32095	CITY-ST-ZIP	
TITLE	S.	TITLE	
NAME	Karen Gorman	NAME	
STREET ADDRESS	795 Stokes Landing Rd.	STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32095	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Henry Curvat	NAME	
STREET ADDRESS	1624 Hammond Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32221	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 27, 2002

Date

Daytime Phone #