

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005726

1. Entity Name  
WERNER VENTURES, INC.

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90015 018 \*\*\*150.00

Principal Place of Business → Mailing Address  
1417 N. PARTIN DR. 1027 W CHOCTAWHATCHEE DR  
STE. 8 NICEVILLE FL 32578  
NICEVILLE FL 32578

2. Principal Place of Business 3. Mailing Address  
1027 W CHOCTAWHATCHEE DR.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State NICEVILLE FL. City & State 4. FEI Number 59-3422333 Applied For  
Zip 32578 Country OKALOOSA Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Not Applicable

## 6. Name and Address of Current Registered Agent

WERNER, THOMAS F  
1027 W. CHOCTAWHATCHEE DR.  
NICEVILLE FL 32578

## 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	WERNER, THOMAS F	
STREET ADDRESS	1027 W CHOCTAWHATCHEE DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WERNER, RUTH E	
STREET ADDRESS	1027 W CHOCTAWHATCHEE DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Thomas F. Werner THOMAS F. WERNER MAR. 9 2000 850 8976018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)