

DOCUMENT # P97000091022

1. Entity Name

WARLOCK, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90176 046 ***150.00

Principal Place of Business

Mailing Address

309 DIVISION AVENUE 4807 BAYSHORE BLVD.
 ORMOND BEACH, FL 32173 TAMPA, FL 33611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

C/O CHOBEE EBBETS, ESQ.
 210 BEACH ST., STE. 200

A0067105

DO NOT WRITE IN THIS SPACE

City & State

City & State

DAYTONA BEACH, FL

4. FEI Number

59-3476399

Applied For

Not Applicable

Zip

Country

Zip

Country

32114

USA

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

MELISSA CLARK DALEY, P.A.
 4807 BAYSHORE BLVD.
 TAMPA, FL 33611

Name

CHOBEE EBBETS, ESQUIRE

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

210 SOUTH BEACH ST., SUITE 200

City

DAYTONA BEACH

FL

Zip Code

32114

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.

CHOBEE EBBETS, ESQUIRE

(NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D. JONES, JAN L.	8 TWELVE OAKS	ORMOND BEACH, FL 32174				
	PD WILLIAM H. JONES, JR.	8 TWELVE OAKS	ORMOND BEACH, FL 32174				
	VPT EDWARD ROBERTSON	991 SMOKERISE BLVD.	PORT ORANGE, FL 32119				

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM H. JONES, JR.

Date

Daytime Phone #

CR2E034 (11/00)