

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90097 030 ***550.00

DOCUMENT # P97000102993

1. Entity Name
WARNER INSURANCE AGENCY, INC.

Principal Place of Business
920 NORTH FLAGLER DRIVE
FORT LAUDERDALE FL 33304
US

Mailing Address
920 NORTH FLAGLER DRIVE
FORT LAUDERDALE FL 33304X
US

871820



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0800565**

Applied For
 Not Applicable

Zip Country Zip Country

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

WARNER, J L JR
2640 OAK TREE CIRCLE
OAKLAND PARK FL 33309

deceased
2/21/02

Name **Barbara Warner**

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

9280 Chelsea Drive, North

City **Plantation** **FL** Zip Code **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara Warner*

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

(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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D**
 NAME **WARNER, J L JR**
 STREET ADDRESS **2640 OAK TREE CIRCLE**
 CITY-ST-ZIP **OAKLAND PARK FL 33309**

☒ Delete

Deceased
2/21/02

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
 NAME **WARNER, BARBARA**
 STREET ADDRESS **2640 OAK TREE CIRCLE**
 CITY-ST-ZIP **OAKLAND PARK FL 33309**

☐ Delete

TITLE **President/Director**
 NAME
 STREET ADDRESS **9280 Chelsea Drive North**
 CITY-ST-ZIP **Plantation, FL 33324**

☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

CR2E034 (4/02)

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: *Barbara Warner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 763-8826 Ext. 17

Date Daytime Phone #