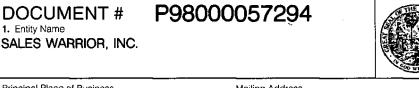
FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90017 009 ***150.00

2003 FO	R PROFIT	' CORPOR	ATION
UNIFORM	BUSINES	S REPOR	T (UBR

DOCUMENT #

SALES WARRIOR, INC.



Principal Place of Business 1101 GULF BREEZE PARKWAY SUITE 113 GULF BREEZE FL 32561

Mailing Address 1101 GULF BREEZE PARKWAY SUITE 113 GULF BREEZE FL 32561

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2. Principal Place of Business 3. Mailing Address					- 1 HODINARI IIN PRIKO TOKIN BORIN DANIN BORIN DANIN DANIN DININ NADIN DININ NADIN DININ NADIN DANIN D				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	4. FEI Number 59-3517870		Applied For Not Applicable	
Zip	Country Zip (Count	5. Certificate of Status Desired			\$8.75 A Fee Requi	dditional	
6. Name and Address of Current Registered Agent				ر متر سرو.	~~~~7.5	Name and Address of New Registers	d Agent		
				Name					
CLARK, STEVE				Street Address (P.O. Box Number is Not Acceptable)					
1101 GULF BREEZE PKY., SUITE 138			-						
GULF BRE	EZE FL 32561								
			Ī	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. I am familiar with, and accept the obligations of registered agent.									
	* (*) & :								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature	required when r	reinstating) DAT	E		
FILE NOW!!! FEE IS \$150.00						9. Election Campaign Financing		.00 May Be	
•	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State				Trust Fund Contribution.		ed to Fees	
10.	OFFICERS AND		11.		АГ		ND DIRECTO	RS IN 11	
TITLE	D	☐ Delete	TITLE				☐ Change		
NAME	CLARK, STEVE		NAME				_ `		
STREET ADDRESS	4591 TRADEWINDS WAY			T ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32514		_	ST- ZIP					
TITLE	D ADK OHABIETH	☐ Delete	TITLE	1			☐ Change	Addition	
NAME STREET ADDRESS	CLARK, CHARLEEN 4591 TRADEWINDS WAY		NAME STREE	T ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32514	the control of the second seco		ST-ZIP	ويتومش بدري	and the second s	-	_ 	
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NAME			NAME				_ •		
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STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
				31-71			— Charra	Additio=	
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
						4.5			

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: