

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085157

1. Entity Name  
**WARWICK INTERNATIONAL CORPORATION**

Principal Place of Business  
**4400 BAYOU BLVD  
41A  
PENSACOLA FL 32503-1056**

Mailing Address  
**P.O. BOX 30056  
PENSACOLA FL 32503-1056**

2. Principal Place of Business  
**4496 Springview ct.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P O Box 1078**  
Suite, Apt. #, etc.

City & State  
**Pace, FL**

City & State  
**Pace, FL**

4. FEI Number **59-3536199**

Applied For  
Not Applicable

Zip **32571**

Country **Santa Rosa**

Zip **32571**

Country **Santa Rosa**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**GLOVER, JACQUELINE  
4496 SPRINGVIEW CT  
PACE FL 32571**

## 7. Name and Address of New Registered Agent

Name **Jacqueline Glover**  
Street Address (P.O. Box Number is Not Acceptable)  
**Same**  
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 J. Glover / President  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/20/01  
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

TITLE **PTD** ☐ Delete  
NAME **GLOVER, JACQUELINE M**  
STREET ADDRESS **4400 BAYOU BLVD, STE 41A**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **PTD** ☐ Change ☐ Addition  
NAME **Glover, Jacqueline M**  
STREET ADDRESS **4496 Springview Ct**  
CITY-ST-ZIP **Pace, FL 32571**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Glover / President

Date

850 994 0825  
04/20/01  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)