

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106705

1. Entity Name

WAR-CO OF CENTRAL FLORIDA, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90071 021 ***150.00

0419328

Principal Place of Business

3925 S.E. 45TH COURT
SUITE C
OCALA FL 34471

Mailing Address

3925 S.E. 45TH COURT
SUITE C
OCALA FL 34471

2. Principal Place of Business

1540 SW 5th Avenue

3. Mailing Address

1540 SW 5th Avenue

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

OCALA, Florida

City & State

OCALA, Florida

Zip

34474

Country

US

Zip

34474

Country

US

6. Name and Address of Current Registered Agent

MCCULLOUGH, WARREN
2839 S.E. 23RD AVENUE
OCALA FL 34471

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

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 \$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 D
NAME MCCULLOUGH, WARREN
STREET ADDRESS 2839 S.E. 23RD AVENUE
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE D
NAME MCCULLOUGH, MARY PATRICIA
STREET ADDRESS 2839 S.E. 23RD AVENUE
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE D
NAME WARREN, THOMAS R
STREET ADDRESS 2208 S.E. 29TH STREET
CITY-ST-ZIP Ocala FL 34471 ☒ Delete

TITLE D
NAME WARREN, MARY R
STREET ADDRESS 2208 S.E. 29TH STREET
CITY-ST-ZIP Ocala FL 34471 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

WARREN R. McCullough

Date

Daytime Phone #

4/11/01 352-694-1771

CR2E034 (10/00)