

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90010 030 ***150.00

DOCUMENT # P99000021220

1. Entity Name

WARRIOR SALES, INC.

Principal Place of Business

27316 NW 203RD PLACE
 HIGH SPRINGS FL 32643-1604

Mailing Address

27316 NW 203RD PLACE
 HIGH SPRINGS FL 32643-1604

2. Principal Place of Business

2712 HOWARD RD.

Suite, Apt. #, etc.

3. Mailing Address

PO - BOX 1869

Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL

City & State

MIDDLEBURG, FL

4. FEI Number

59-3561454

Applied For

Not Applicable

Zip

32068

Country

USA

Zip

32050-1869

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOYNTON, WILLIAM W
27316 NW 203RD PLACE
HIGH SPRINGS FL 32643-1604

7. Name and Address of New Registered Agent

Name

NATHAN L. BOYNTON

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

2716 HOWARD ROAD

City

MIDDLEBURG

FL

Zip Code

32068

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

NATHAN L. BOYNTON

(NOTE: Registered Agent signature required when reinstating)

4-1-2000

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 (\$150.00)
After MAY 1, 2000 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** ☐ Delete
 NAME **BOYNTON, WILLIAM W**
 STREET ADDRESS **27316 NW 203RD PLACE**
 CITY-ST-ZIP **HIGH SPRINGS FL 32643-1604**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

WILLIAM W. BOYNTON

Date

Daytime Phone #

CR2E034 (9/99)