

# 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
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2. Principal Place of Business <b>2712 HOWARD RD.</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO - BOX 1869</b> Suite, Apt. #, etc.
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City & State <b>MIDDLEBURG, FL</b>	City & State <b>MIDDLEBURG, FL</b>	4. FEI Number <b>59-3561454</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32068</b>	Country <b>USA</b>	Zip <b>32050-1869</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>BOYNTON, WILLIAM W</b> 27316 NW 203RD PLACE HIGH SPRINGS FL 32643-1604	7. Name and Address of New Registered Agent Name <b>NATHAN L. BOYNTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2716 HOWARD ROAD</b> City <b>MIDDLEBURG</b> FL Zip Code <b>32068</b>
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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** *Nathan L. Boynton* **4-1-2000**  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE (\$150.00)</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BOYNTON, WILLIAM W</b> <b>27316 NW 203RD PLACE</b> <b>HIGH SPRINGS FL 32643-1604</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **WILLIAM W. BOYNTON** *Will W. Boynton* **4-1-2000**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)