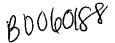
FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 19, 2001 8:00 am Secretary of State P99000031982 **DOCUMENT #** 1. Entity Name WARRIOR ENTERPRISES, INC. 07-19-2001 90001 013 ***150.00 Principal Place of Business Mailing Address 1722-4 SOUTH 8TH STREET 1722-4 SOUTH 8TH STREET 80060188 FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3584801 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name CAMPBELL, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 2603 DELOREAN ST FERNANDINA BEACH FL 32034 City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be, Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (5/01)☐ Addition TITLE ☐ Delete TITLE **GOVONI. GREGORY** 555 TWIN OAKS LANE STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition CAMPBELL, CHRISTOPHER NAME MAME 2603 DELOREAN STREET STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-ST-ZIP Change TITLE TITLE ☐ Addition ☐ Delete GOVONI, GRAHAM NAME NAME 1 284 OLD STAGE ROAD STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP WOOLWICH ME 04579 CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

Nassau Business Center



July 12, 2001

Uniform Business Report Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

RE:

P99000031982

Warrior Enterprises, Inc.

Dear Sirs:

Enclosed is a check for \$150.00 and the 2001 Uniform Business Report for the referenced company.

The secretary of the corporation has been ill and it has come to our attention that the UBR was overlooked during his illness. Please accept our apologies for the delay. In speaking with one of your representatives earlier this week, she indicated that we should explain the reason for delay and request that you accept this check as payment in full for 2001.

Sincerely,

3**/**oria J. F∕o**/**tir