

2001 UNIFORM BUSINESS REPORT (UBR)

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

07-19-2001 90001 013 ***150.00

DOCUMENT # P99000031982

1. Entity Name

WARRIOR ENTERPRISES, INC.

Principal Place of Business

**1722-4 SOUTH 8TH STREET
 FERNANDINA BEACH FL 32034**

Mailing Address

**1722-4 SOUTH 8TH STREET
 FERNANDINA BEACH FL 32034**

80060188



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3584801

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, CHRISTOPHER
 2603 DELOREAN ST
 FERNANDINA BEACH FL 32034**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **GOVONI, GREGORY**
 STREET ADDRESS **555 TWIN OAKS LANE**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **T** ☐ Delete
 NAME **CAMPBELL, CHRISTOPHER**
 STREET ADDRESS **2603 DELOREAN STREET**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **S** ☐ Delete
 NAME **GOVONI, GRAHAM**
 STREET ADDRESS **284 OLD STAGE ROAD**
 CITY-ST-ZIP **WOOLWICH ME 04579**

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

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

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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/01

Date

904-491-8484

Daytime Phone #

CR2E034 (5/01)

Nassau Business Center

B0060188

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,


Gloria J. Fortin