

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0410036 AV

DOCUMENT # S44670

1. Entity Name
WARNER D. CONARTON COMPANY, INC.

04-09-2002 90019 031 ***150.00

Principal Place of Business
524 OAKFIELD DR
BRANDON FL 33511

Mailing Address
524 OAKFIELD DR
BRANDON FL 33511



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3065649 | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | | | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CONARTON, JEROME 1604 OAKMONT DR BRANDON FL 33511 | | 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 _____ (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 type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------------------|---|---|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONARTON, JEROME L. | NAME | |
| STREET ADDRESS | 1604 OAKMONT DR | STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL 33511 | CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONARTON, ELLA L. | NAME | |
| STREET ADDRESS | 32700 KNOLLWOOD LN | STREET ADDRESS | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33511 | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONARTON, JON P. | NAME | |
| STREET ADDRESS | 3817 CLOVERHILL Ct. | STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL 33511 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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
CONARTON

Date

Daytime Phone #

4-1-2001 **813 689 4884**

CR2E034 (9/01)