

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90114 036 ***150.00

DOCUMENT # S97367

1. Entity Name
WARNING SYSTEMS, INC.



Principal Place of Business
579 PINE RANCH E. RD
OSPREY FL 34229
US

Mailing Address
579 PINE RANCH E. RD
OSPREY FL 34229
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0320700**

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

7. Name and Address of New Registered Agent

HARDEMAN, THOMAS P.
579 PINE RANCH E. RD
OSPREY FL 34229

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MITZEL, RICHARD M.	
STREET ADDRESS	101 E. KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN, RICHARD A	
STREET ADDRESS	2301 RINGLING ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	HARDEMAN, THOMAS P.	
STREET ADDRESS	5858 MIDNIGHT PASS RD #60	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHUMBLEY, KENNETH	
STREET ADDRESS	5128 LEATH DR	
CITY-ST-ZIP	NASHVILLE TN 37211	
TITLE	C	<input type="checkbox"/> Delete
NAME	SWANSON, JOHN P.	
STREET ADDRESS	108 WINDING MEADOWS DR	
CITY-ST-ZIP	FLAT ROCK NC 28731	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWEN, BOB F.	
STREET ADDRESS	811 BEN LOMOND DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	579 Pine Ranch East Road	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	145 winding Meadows Drive	
CITY-ST-ZIP	Flat Rock, NC 28731	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas P. Hardeman **4/9/03** **941-966-9881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0552964 AV

CR2E034 (10/02)