

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13378

1. Entity Name  
**WARJON, INC.**

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90035 036 \*\*\*150.00

Principal Place of Business      Mailing Address  
**4190 BELFORT ROAD**      **4190 BELFORT ROAD**  
**#420**      **#420**  
**JACKSONVILLE FL 32216**      **JACKSONVILLE FL 32216**

AUG 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**9471 Baymeadows Road**      **9471 Baymeadows Road**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 104**      **Suite 104**  
City & State      City & State  
**Jacksonville FL**      **Jacksonville FL**  
Zip      Country      Zip      Country  
**32256**      **USA**      **32256**      **USA**

4. FEI Number      **59-3110805**      Applied For  
Not-Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROWE AND ROWE P.A.**  
**9471 BAYMEADOWS ROAD**  
**SUITE 203**  
**JACKSONVILLE FL 32256**

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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARTHUR, MURRAY C.</b>	
STREET ADDRESS	<b>1604 GRANT AVENUE</b>	
CITY-ST-ZIP	<b>CORNWALL, ONTARIO CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WARDEN, MICHAEL GEORGE</b>	
STREET ADDRESS	<b>103 SYDNEY STREET</b>	
CITY-ST-ZIP	<b>CORNWALL, ONTARIO CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, E. DONALD</b>	
STREET ADDRESS	<b>R.R. #2</b>	
CITY-ST-ZIP	<b>IROQUOIS, ONTARIO CA</b>	
TITLE	<b>VM</b>	<input type="checkbox"/> Delete
NAME	<b>SMID, JOSEPH P</b>	
STREET ADDRESS	<b>7992 GREEN GLADE RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARTHUR, MURRAY C.</b>	
STREET ADDRESS	<b>1003 DAK CRESCENT</b>	
CITY-ST-ZIP	<b>CORNWALL, ONTARIO CANADA K6J2N2</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARDEN, MICHAEL G.</b>	
STREET ADDRESS	<b>29 CHAMPINE DRIVE</b>	
CITY-ST-ZIP	<b>Long Savit, ONTARIO CANADA K6P1P4</b>	
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		

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: **Joseph P. Smid**      **2-13-01**      **904-448-0972**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)