

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # V13378**

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

|  |  |
|--|--|
| Principal Place of Business<br><b>4190 BELFORT ROAD<br/>                 #420<br/>                 JACKSONVILLE FL 32216</b> | Mailing Address<br><b>4190 BELFORT ROAD<br/>                 #420<br/>                 JACKSONVILLE FL 32216</b> |
|--|--|

AUG 2001



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>9471 Baymeadows Road<br/>                 Suite 104<br/>                 Jacksonville FL</b> | 3. Mailing Address<br><b>9471 Baymeadows Road<br/>                 Suite 104<br/>                 Jacksonville FL</b> |
| City & State<br><b>Zip 32256 Country USA</b>  | City & State<br><b>Zip 32256 Country USA</b>  |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3110805</b>                        | Applied For<br><input type="checkbox"/> Not-Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |   |                                    |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|---|---|------------------------------------|

11. OFFICERS AND DIRECTORS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ARTHUR, MURRAY C.</b><br><b>1604 GRANT AVENUE</b><br><b>CORNWALL, ONTARIO CA</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>WARDEN, MICHAEL GEORGE</b><br><b>103 SYDNEY STREET</b><br><b>CORNWALL, ONTARIO CA</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>JONES, E. DONALD</b><br><b>R.R. #2</b><br><b>IROQUOIS, ONTARIO CA</b>                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VM</b><br><b>SMID, JOSEPH P</b><br><b>7992 GREEN GLADE RD.</b><br><b>JACKSONVILLE FL 32256</b>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ARTHUR, MURRAY C.</b><br><b>1003 DAK CRESCENT</b><br><b>CORNWALL, ONTARIO CANADA K6J2N2</b>    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>WARDEN, MICHAEL G.</b><br><b>29 CHAMPINE DRIVE</b><br><b>LONG SAULT, ONTARIO CANADA K0P1P4</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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)