

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 366492

1. Entity Name

WARE OIL & SUPPLY COMPANY INC

Principal Place of Business

2715 S BYRON BUTLER PKWY
PERRY FL 32347

Mailing Address

2715 S BYRON BUTLER PKWY
PERRY FL 32347

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

EVERETT, DON
2715 S BYRON BUTLER PKWY
PERRY FL 32347

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 \$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 P ☐ Delete
NAME EVERETT, DONALD R.
STREET ADDRESS 103 RIDGE RD.
CITY- ST- ZIP PERRY FL

TITLE ST ☐ Delete
NAME EVERETT, DONA M. (MRS.)
STREET ADDRESS 103 RIDGE RD.
CITY- ST- ZIP PERRY FL

TITLE VP ☐ Delete
NAME EVERETT, DON R., JR.
STREET ADDRESS 2715 S. BUTLER PKWY
CITY- ST- ZIP PERRY FL

TITLE VP ☐ Delete
NAME EVERETT, DOUGLAS M.
STREET ADDRESS 2715 S. BUTLER PKWY
CITY- ST- ZIP PERRY FL

TITLE VP ☐ Delete
NAME DAVIS, JAMES E
STREET ADDRESS 2715 SO BUTLER PKWY.
CITY- ST- ZIP PERRY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2715 S. BYRON BUTLER PKWY.
CITY- ST- ZIP PERRY FL 32348

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

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

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

TITLE VP, ASSY. TREAS., ASSY. SEC. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

850-589-6666

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90256 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)