2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000063531 **DOCUMENT #**

1. Entity Name

INFOWARE SYSTEMS, INC.



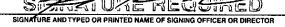
FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90735 020 ***150.00

Principal Place of Business 476 HIGHWAY A1A SUITE 7 SATELLITE BEACH FL 32937 Mailing Address 476 HIGHWAY A1A SUITE 7 SATELLITE BEACH FL 32937		2937	() PROGRADA (ALO 2011) O BANKA BARAN BARAN BARAN BARAN BARAN BARAN BARAN BANGA (ALORA BANGA) FIRMA FIRMA FIRMA	
Place of Business	3. Mailing Address			
#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
te	City & State		4. FEI Number 59-3407547 Applied For Not Applied be	
Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
DONALD F		Name Street Adds	ess (P.O. Box Number is Not Acceptable)	
IWAY A1A		Street Addit	ess (r.o. box Number is Not Acceptable)	
E BEACH FL 32937		City	FL Zip Code	
named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or reg	pistered agent, or both, in the State of Florida. I am familiar with, and accept	
Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature re	equired when reinstaling) DATE	
ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
LINTON, DONALD F 476 HWY A1A STE 7	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
PD LINTON, BARBARA J. H 476 HWY A1A STE 7	_ □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
	☐ Delete	TITLE	☐ Change ☐ Addition	
		STREET ADDRESS CITY-ST-ZIP		
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, Change Addition	
	☐ Delete	TITLE NAME	☐ Change ☐ Addition	
	de la garacci decide de la composición del composición de la composición de la composición del composición de la composición de la composición de la composición de la composición del composición de la composición de la composición de la composición de la composición del compo	STREET ADDRESS CITY-ST-ZIP	3	
	Place of Business #, etc. Country 6. Name and Address of Current DONALD F IWAY A1A E BEACH FL 32937 Inamed entity submits this statement for the statement of the statement	Y A1A SUITE 7 SATELLITE BEACH FL 32 Place of Business #, etc. Country Suite, Apt. #, etc. City & State Country Tip 6. Name and Address of Current Registered Agent DONALD F WAY A1A E BEACH FL 32937 In named entity submits this statement for the purpose of changing its itons of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOT ILE NOW!!! FEE IS \$150.00 IN May 1, 2003 Fee will be \$550.00 K Payable to Florida Department of State OFFICERS AND DIRECTORS D LINTON, DONALD F 476 HWY A1A STE 7 SATELLITE BEACH FL 32937 PD UNTON, BARBARA J. H 476 HWY A1A STE 7 SATELLITE BEACH FL 32937 Delete Delete Delete	A 76 HIGHWAY A1A SUITE 7 SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent Name DONALD F WAY A1A E BEACH FL 32937 City In named entity submits this statement for the purpose of changing its registered office or registered agent. Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature registered Agent signature registered to Frice Address And Directors ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 R Payable to Florida Department of State OFFICERS AND DIRECTORS I1. D LINTON, DONALD F 476 HWY A1A STE 7 SATELLITE BEACH FL 32937 PD Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:



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