

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2003 8:00 am
Secretary of State

DOCUMENT # F00000006822

1. Entity Name
CODEWARE, INC.



06-26-2003 90064 001 *****8.75
06-26-2003 90064 002 ***150.00
06-26-2003 90064 003 ***400.00

35043901



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
11221 RICHMOND #C-103
HOUSTON TX 77082

Mailing Address
11221 RICHMOND #C-103
HOUSTON TX 77082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 76-0403401

Applied For
Not Applicable

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

BILDY, LES
8482 S. TAMiami TRAIL
SARASOTA FL 34248

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BILDY, LES
STREET ADDRESS 8482 SOUTH TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS
NAME MIGLIAVACCA, JOHN
STREET ADDRESS 11221 RICHMOND #C103
CITY-ST-ZIP HOUSTON TX

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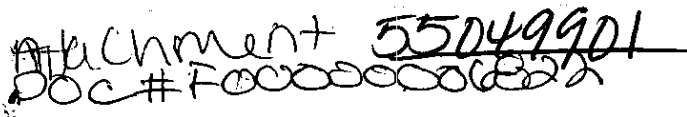
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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: SIGNATURE OF MIGLIAVACCA 6/5/03 281 497 5705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



Phone 281-497-5705
FAX 281-497-5839
jom@codeware.com

Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

I am writing to ask you to excuse the \$500 late penalty for this report. I have been working fewer hours and was not diligent about checking my mail, (as it piled up). I am sorry this report did not get filed on time.

Josephine Migliavacca