

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 420135

1. Entity Name

WARE HOUSE OF MUSIC, INC.

Principal Place of Business

Mailing Address

2243 Four Winds Drive
Jacksonville, FL 32224

2243 Four Winds Drive
Jacksonville, FL 32224

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 59-1441469

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

~~JORDAN, GLEN A
2243 BLANDING BLVD.
JACKSONVILLE FL 32240~~

Name

Ware, Charles H.
2243 Four Winds Drive
Jacksonville, FL 32224

Street

City

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

Charles H. Ware

Charles H. Ware

04-06-01

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

12.

TITLE VSD
NAME JORDAN, GLEN A
STREET ADDRESS 1123 7TH AVENUE NORTH
CITY-ST-ZIP JACKSONVILLE BCH FL

☒ Delete

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TITLE PVT
NAME Ware, Charles H.
STREET ADDRESS 2243 Four Winds Drive
CITY-ST-ZIP Jacksonville, FL 32224

CHANGES IN 11
Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

Charles H. Ware
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles H. Ware

04-06-01

Date

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90065 041 ***150.00

00034760



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)