

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90120 035 ***150.00

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DOCUMENT # F01000005091

1. Entity Name

TOTAL WIRE SOFTWARE COMPANY, INC.



Principal Place of Business

**201 N. WALNUT ST.
WILMINGTON DE 19801**

Mailing Address

**3501-B N. PONCE DE LEON BLVD
#390
ST AUGUSTINE FL 32084**

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

58-2197598

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

**MYERS, JIM
3015 AQUA VISTA LANE APT #201
ST AUGUSTINE FL 32084**

Name

MYERS, JIM

Street Address (P.O. Box Number is Not Acceptable)

3501-B N. PONCE DE LEON BLVD

#390

City

ST AUGUSTINE

FL

Zip Code

32084

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

James A. Myers
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

President

4-9-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
MYERS, JAMES A
3015 AQUA VISTA LANE APT 201
ST AUGUSTINE FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
MYERS, JAMES A
3501-B N. PONCE DE LEON BLVD
#390
ST. AUGUSTINE, FL 32084** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

James A. Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03 904-810-5078

Date

Daytime Phone #

CR2E034 (10/02)