

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90009 009 ***150.00

DOCUMENT # F99000005666

1. Entity Name
WARE ENTERPRISES, INC.

Principal Place of Business

112 S. HANLEY, SUITE 105
CLAYTON MO 63105

Mailing Address

112 S. HANLEY, SUITE 105
CLAYTON MO 63105

2. Principal Place of Business

4500 TELEGRAPH ROAD

Suite, Apt. #, etc.

SUITE 204

City & State

ST LOUIS, MO

Zip

63129

Country

3. Mailing Address

4500 TELEGRAPH ROAD

Suite, Apt. #, etc.

SUITE 204

City & State

ST LOUIS, MO

Zip

63129

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1857129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JOAN
5850 T.G. LEE BLVD., SUITE 420
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name GEORGE, KEITH

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

5850 T.G. LEE BLVD., SUITE 420

City

ORLANDO

FL

Zip Code

32822

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 Bonnie W. Pollock
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-01

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 CP
NAME POLLOCK, BONNIE W
STREET ADDRESS 112 S. HANLEY, SUITE 105
CITY-ST-ZIP CLAYTON MO 63105 ☐ Delete

TITLE VCV
NAME GEORGE, KEITH
STREET ADDRESS 112 S. HANLEY, SUITE 105
CITY-ST-ZIP CLAYTON MO 63105 ☐ Delete

TITLE DS
NAME COFFMAN, MARK
STREET ADDRESS 112 S. HANLEY, SUITE 105
CITY-ST-ZIP CLAYTON MO 63105 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME POLLOCK, BONNIE W.
STREET ADDRESS 4500 TELEGRAPH ROAD, SUITE 204
CITY-ST-ZIP ST LOUIS, MO 63129

TITLE V.P. ☒ Change ☐ Addition
NAME GEORGE, KEITH
STREET ADDRESS 5850 T.G. LEE BLVD., SUITE 420
CITY-ST-ZIP ORLANDO, FL 32822

TITLE SECRETARY TREASURER ☒ Change ☐ Addition
NAME COFFMAN, MARK
STREET ADDRESS 4500 TELEGRAPH ROAD, SUITE 204
CITY-ST-ZIP ST LOUIS, MO 63129

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

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

Date

Daytime Phone #

4/23/01 314-416-9134

CR2E034 (10/00)