

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005666

1. Entity Name

WARE ENTERPRISES, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90009 009 \*\*\*150.00

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 &amp; State

ST LOUIS, MO

Zip

63129

Country

3. Mailing Address

4500 TELEGRAPH ROAD

Suite, Apt. #, etc.

SUITE 204

City &amp; State

ST LOUIS, MO

Zip

63129

Country

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

## 7. Name and Address of New Registered Agent

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

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)

4/27/01

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 State10. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

TITLE CP  Delete  
NAME POLLOCK, BONNIE W  
STREET ADDRESS 112 S. HANLEY, SUITE 105  
CITY-ST-ZIP CLAYTON MO 63105TITLE PRESIDENT  Change  Addition  
NAME POLLOCK, BONNIE W.  
STREET ADDRESS 4500 TELEGRAPH ROAD, SUITE 204  
CITY-ST-ZIP ST LOUIS, MO 63129TITLE VCV  Delete  
NAME GEORGE, KEITH  
STREET ADDRESS 112 S. HANLEY, SUITE 105  
CITY-ST-ZIP CLAYTON MO 63105TITLE V.P.  Change  Addition  
NAME GEORGE, KEITH  
STREET ADDRESS 5850 T.G. LEE BLVD., SUITE 420  
CITY-ST-ZIP ORLANDO, FL 32822TITLE DS  Delete  
NAME COFFMAN, MARK  
STREET ADDRESS 112 S. HANLEY, SUITE 105  
CITY-ST-ZIP CLAYTON MO 63105TITLE SECRETARY TREASURER  Change  Addition  
NAME COFFMAN, MARK  
STREET ADDRESS 4500 TELEGRAPH ROAD, SUITE 204  
CITY-ST-ZIP ST LOUIS, MO 63129TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  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:

Bonnie W. Pollock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 314-416-9134  
Date Daytime Phone #