2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H21308				Secretary of State
BUSINESWARE U.S.A., INC.				04-10-2002 90463 034 ***150.00
160 SW 12TH STE 101 A DEERFIELD E US	Place of Business Power Ine Ray	Suite, Apt. #, etc. 109B City & State	Sinch FC	DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2458778 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional
3344	6. Name and Address of Current Re	3344L	USA	7. Name and Address of New Registered Agent
CHANEY, ALAN E 160 SW 12TH AVE STE 101 A DEERFIELD BCH FL 33442			Street Address	Antess (P.O. Box Number is Not Acceptable) Poul ine RAD Sur 109B This Id Beach FL 756942
8. The above named entity submits this statement for the purpose of changing its registered office or register SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Financing Trust Fund Contribution Added to Fees
11.	OFFICERS AND DIF	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP CHANEY, ALAN E 160 SW 12TH AVE DEERFIELD BCH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP CHANEY AMO E 1100 S. PONENTIAN DONAL DENETICE DE BEACH,	□ Delate #109B 23442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP	,	☐ Delete	TITLE NAME STREET ADDRESS CUTY_ST_7IP	☐ 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-2-02 954-4

Daytime Phone #

☐ Change

☐ Addition

CR2E034 (9/0