

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 501402

1. Entity Name
INWARE CORP.

Principal Place of Business 1333 3rd Ave South
Naples, FL 34102

Mailing Address 1333 3rd Ave South
Naples, FL 34102

FILED
01 OCT 30 PM 4: 05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business
1333 3rd Ave South
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State Naples, FL

City & State

Zip 34102 **Country** U.S.

Zip **Country**

9/19/01 90123 017-55000
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2679666 **Applied For** Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Michael Kraus
1333 3rd Ave S.
Naples, FL 34102

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

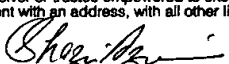
SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00 After MAY 15, 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President NAME Arthur Allen STREET ADDRESS 1333 3rd Ave S. CITY-ST-ZIP Naples, FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Controller/Director NAME Shazia Azami STREET ADDRESS 1333 3rd Ave S. CITY-ST-ZIP Naples, FL 34102	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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:  **10/20/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)