

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K50259**

1. Entity Name

D.S. WARE CO., INC.**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 90918 023 ***150.00

Principal Place of Business

Mailing Address

10601 SAN JOSE BLVD
S213
JACKSONVILLE FL 3225710601 SAN JOSE BLVD
S213
JACKSONVILLE FL 32257-8232

2. Principal Place of Business

2931 PLUMMER COVE ROAD

3. Mailing Address

2931 Plummer Cove Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FLCity & State
Jacksonville, FL

4. FEI Number

59-2939883

Applied For

Not Applicable

Zip
32223Country
USAZip
32223Country
USA5. 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

ALLEN GLENN K
353 E FORSYTH STREET
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WARE, DONALD S., JR.
10601-213 SAN JOSE BLVD
JACKSONVILLE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2931 Plummer Cove Road
Jacksonville, FL 32223 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GREEK, DAVID M.
10601-213 SAN JOSE BLVD
JACKSONVILLE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2931 Plummer Cove Road
Jacksonville, FL 32223 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CHAPPELL KAREN
10601-213 SAN JOSE BLVD
JACKSONVILLE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2931 Plummer Cove Road
Jacksonville, FL 32223 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00

Date

904 262 3847

Daytime Phone #