

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90017 032 ***550.00

DOCUMENT # K50259

1. Entity Name

D.S. WARE CO., INC.

Principal Place of Business

**2931 PLUMMER COVE RD.
 JACKSONVILLE FL 32223**

Mailing Address

**2931 PLUMMER COVE RD.
 JACKSONVILLE FL 32223**

2. Principal Place of Business

2931 PLUMMER COVE ROAD

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32223

Country

USA

Zip

32223

Country

USA

4. FEI Number

59-2939883

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN GLENN K
 353 E FORSYTH STREET
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

J. HOWARD SHEFFIELD, P.A.

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

4209 BAYMEADOWS ROAD, SUITE 4

City

JACKSONVILLE

FL

Zip Code

32217

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

J. HOWARD SHEFFIELD, P.A.

5-31-01

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

(NOT 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, 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	DP	<input type="checkbox"/> Delete
NAME	WARE, DONALD S., JR.	
STREET ADDRESS	2931 PLUMMER COVE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GREEK, DAVID M.	
STREET ADDRESS	2931 PLUMMER COVE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHAPPELL KAREN	
STREET ADDRESS	2931 PLUMMER COVE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 y signature shall have the same legal effect as if made under oath; that I am an officer or director is 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

Donald S. Ware, Jr.

DONALD S. WARE, JR.

5-31-01

904-262-3897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)