

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90279 042 \*\*\*\*50.00

**DOCUMENT # L01000002174**

1. Entity Name

**WARE INVESTIGATIONS, LLC**

Principal Place of Business

**333 FIRST ST. NORTH, SUITE 305  
JACKSONVILLE FL 32250**

Mailing Address

**333 FIRST ST. NORTH, SUITE 305  
JACKSONVILLE FL 32250**

2. Principal Place of Business

**333 First St. North**

3. Mailing Address

**333 First St. North**

Suite, Apt. #, etc.

**Suite 305**

Suite, Apt. #, etc.

**Suite 305**

City & State

**Jacksonville Beach**

City & State

**Jacksonville Beach**

Zip

**32250**

Country

**Duval**

Zip

**32250**

Country

**Duval**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAIRES, CARLENE  
333 FIRST ST. NORTH, SUITE 305  
JACKSONVILLE-FL 32250**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **President** ☐ Delete  
NAME **Brian E. Ware**  
STREET ADDRESS **8633 Marietta Meadows Dr.**  
CITY-ST-ZIP **Jacksonville, FL 32220**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Vice President** ☐ Delete  
NAME **Leon C. Gall**  
STREET ADDRESS **4059 Palm Way**  
CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary/Treasurer** ☐ Delete  
NAME **Ana Kovacs**  
STREET ADDRESS **4828 Lexington Ave**  
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Brian E. Ware**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/11/2002 404-705-3420**

Date Daytime Phone #

CR2E083 (9/01)