

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90104 015 \*\*\*\*50.00

0002333

**DOCUMENT # L01000002174**

1. Entity Name

**WARE INVESTIGATIONS, LLC**



Principal Place of Business

**333 FIRST STREET NORTH  
SUITE 305  
JACKSONVILLE FL 32250**

Mailing Address

**333 FIRST STREET NORTH  
SUITE 305  
JACKSONVILLE FL 32250**

2. Principal Place of Business

3. Mailing Address

**3948 SOUTH 3RD STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**#172**

City & State

City & State  
**JACKSONVILLE BEACH, FL**

4. FEI Number **22-3781329**

Applied For

Not Applicable

Zip

Country

Zip

**32250**

Country

**UNITED STATES**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete  
NAME **WARE, BRIAN E**  
STREET ADDRESS **8633 MARIETTA MEADOWS DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32220**

TITLE **VP** ☐ Delete  
NAME **GALL, LEON C**  
STREET ADDRESS **4059 PALM WAY**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **ST** ☐ Delete  
NAME **KOVACS, ANA**  
STREET ADDRESS **4828 LEXINGTON AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **P** ☒ Change ☐ Addition  
NAME **WARE, EBRIAN, E.**  
STREET ADDRESS **333 FIRST STREET NORTH, SUITE 305**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **VP** ☒ Change ☐ Addition  
NAME **GALL, LEON C.**  
STREET ADDRESS **333 FIRST STREET NORTH, SUITE 305**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **ST** ☒ Change ☐ Addition  
NAME **KOVACS, ANA**  
STREET ADDRESS **333 FIRST STREE NORTH, SUITE 305**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

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

TITLE ☐ Change ☐ Addition  
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

**4/25/03**

**(904) 705-3420**

Date

Daytime Phone #

CR2E083 (10/02)