

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90135 037 ****50.00

DOCUMENT # L01000002364

1. Entity Name

AMERIWARE TECHNOLOGIES, LLC

Principal Place of Business

**2692 SHERWOOD DRIVE
 BONIFAY FL 32425**

Mailing Address

**PO BOX 371
 BONIFAY FL 32425**

947714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0035666

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NESBITT, DAVID A
 2692 SHERWOOD DRIVE
 BONIFAY FL 32425**

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

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

David A. Nesbitt

(NOTE: Registered Agent signature required when reinstating)

04/17/2002
 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 **MGRM** ☐ Delete
 NAME **DAVID NESBITT**
 STREET ADDRESS **2692 SHERWOOD DR**
 CITY-ST-ZIP **BONIFAY FL 32425**

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

TITLE **MGRM** ☐ Delete
 NAME **ALFRED WICKHAM**
 STREET ADDRESS **1681 HWY C-10A**
 CITY-ST-ZIP **PONCE DE LEON FL 32455**

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

TITLE **MGRM** ☐ Delete
 NAME **MELINDA WICKHAM**
 STREET ADDRESS **1681 HWY C-10A**
 CITY-ST-ZIP **PONCE DE LEON FL 32455**

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

TITLE **MGR** ☐ Delete
 NAME **THURSTON ANDERSON**
 STREET ADDRESS **15831 REDINGTON DR**
 CITY-ST-ZIP **REDINGTON BEACH, FL 33708**

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

TITLE **MGRM** ☐ Delete
 NAME **SHERY NESBITT**
 STREET ADDRESS **2692 SHERWOOD DR**
 CITY-ST-ZIP **BONIFAY FL 32425**

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:

David A. Nesbitt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/17/2002
 Date

850/547-5908
 Daytime Phone #

CR2E083 (9/01)