

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90257 036 \*\*\*\*50.00

80102300



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L01000012369**

1. Entity Name

**A-WARE, LLC**

Principal Place of Business

**THE NINE HUNDRED BUILDING  
 NINE HUNDRED SIXTH AVE., SUITE 301  
 NAPLES FL 34102**

Mailing Address

**THE NINE HUNDRED BUILDING  
 NINE HUNDRED SIXTH AVE., SUITE 301  
 NAPLES FL 34102**

2. Principal Place of Business

**900 6th Ave S.**

3. Mailing Address

**PO Box 771029**

Suite, Apt. #, etc.

**Suite 301**

Suite, Apt. #, etc.

City & State

City & State

**Naples FL 34107-1029**

4. FEI Number

**59-3751289**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34107-1029**

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

**BRYANT, EDWARD R JR.  
 THE FLORESTA BUILDING, PENTHOUSE II  
 SEVEN HUNDRED ELEVENTH STREET SOUTH  
 NAPLES FL 34102**

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 NAME STREET ADDRESS CITY-ST-ZIP	Manager Philip Erickson PO Box 771029 Naples FL 34107-1029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

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

**Philip A. Erickson**

Date

Daytime Phone #

**4/29/02 (941) 261-8080**

CR2E083 (9/01)