

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L990000008990**

1. Entity Name

D. S. Ware Homes, L. L. C.

FILED

2002 SEP 20 PM 2:48

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2931 Plummer Cove Rd.

3. Mailing Address

2931 Plummer Cove Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

CRC 856832

Applied For

Not Applicable

Zip

32223

Country

U.S.A.

Zip

32223

Country

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Howard Sheffield, Esq.

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

4209 Baymeadows Rd.

City

Jacksonville

FL

Zip Code

32217

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IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President /MGR

Donald S. Ware, Jr.

2931 Plummer Cove Rd.

Jacksonville, FL 32223

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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)(f), 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

9/19/02

Date

904/262-3897

Daytime Phone #

CR2E083B (12/01)



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2002 SEP 20 PM 2:48

ACCOUNT NO. : 072100000032
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REFERENCE : 746835 4365401

AUTHORIZATION :

Patricia Pizub

COST LIMIT : \$ 50.00

ORDER DATE : September 17, 2002

ORDER TIME : 11:18 AM

ORDER NO. : 746835-020

CUSTOMER NO: 4365401

CUSTOMER: Victoria A. Nelson, Legal Asst
Sack & Harris, P.c.
8270 Greensboro Drive
Suite 630
McLean, VA 22102

ANNUAL REPORT FILING

NAME: D.S. WARE HOMES, L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: _____

RECEIVED
02 SEP 20 PM 12:58
DIVISION OF CORPORATION