

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90009 040 ***550.00

0086134 AV

DOCUMENT # P00000025610
1. Entity Name
ZAWARE, INC.

Principal Place of Business 5025 W LEMON ST
TAMPA FL 33609
Mailing Address 5025 W LEMON ST
TAMPA FL 33609

2. Principal Place of Business 5050 W. LEMON Street
Suite, Apt. #, etc.
3. Mailing Address 5050 W. LEMON Street
Suite, Apt. #, etc.

City & State TAMPA FL
Zip 33609 **Country** USA
City & State TAMPA FL
Zip 33609 **Country**



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3647218 **Applied For**
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent WILSON, DAVID A
5025 W LEMON ST
TAMPA FL 33609
7. Name and Address of New Registered Agent
Name: THOMAS J. BEAN
Street Address (P.O. Box Number is Not Acceptable): 5050 W. LEMON Street
City: TAMPA FL Zip Code: 33609

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] **Thomas J. Bean** **8-28-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)
FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAN, THOMAS J 5025 W LEMON ST TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5050 W. LEMON St. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **THOMAS J. BEAN** **8-28-01** **813-289-5566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)