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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

55034838

DOCUMENT # P01000079363		
1. Entity Name NICHOLAS E. WARE, P.A.		
Principal Place of Business 2355 SALZEDO STREET SUITE 204C CORAL GABLES, FL 33134		Mailing Address 2355 SALZEDO STREET SUITE 204C CORAL GABLES, FL 33134
2. Principal Place of Business 3620 LOQUAT AVE.		3. Mailing Address 3620 LOQUAT AVE.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Coconut Grove, FL		City & State Coconut Grove, FL
Zip 33133		Zip 33133
Country		Country
☐ CHECK HERE IF MAKING CHANGES		
4. FEI Number 85-1130850		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WARE, NICHOLAS E 2355 SALZEDO STREET SUITE 204C CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Nicholas E. WARE Street Address (P.O. Box Number is Not Acceptable) 3620 LOQUAT AVE. Coconut Grove FL 33133
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 Nicholas E. Ware 4/28/03		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WARE, NICHOLAS 2355 SALZEDO STREET SUITE 204-C CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	PSTD Nicholas Ware ☒ Change ☐ Addition 3620 LOQUAT AVE COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached report with an address, with all other title empowered.		
SIGNATURE: Nicholas E. Ware 4/28/03		