FILED

2002 UNIFORM BUSINESS REPORT (URB)

DOCUMENT # P9500009503 1. Entity Name WARE COMMERCIAL PROPERTIES, INC.				Feb 13, 2002 8:00 am Secretary of State 02-13-2002 90224 006 ***150.00			
Principal Place of Business 11221 N. ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE FL 32246 Mailing Address 11221 N. ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE FL 32246							
2. Principal Place of Business INDINTAIN (3. Mailing Address //202 \$1.57.Johns Ptun Suite, Apt. #. etc. Suite, Apt. #. 497) E				DO NOT WRITE IN THIS SPACE			
City & State Socksoville, FC		City & State Zip Country		4. FEI Number 59-3294565	Applied For Not Applicable Sering S8.75 Additional		
Zip 3 a i	246 DUNAC.	Zip Co	ountry	5. Certificate of Status Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent LINDELL, J. MICHAEL ,12276 SAN JOSE BLVD.			Name Street Address (I	Name Street Address (P.O. Box Number is Not Acceptable)			
SUITE 126 JACKSONVILLE FI. 3 2228 59 			City	City FL Zip Code			
8. The above	riame ifertity submits this statement for the	1242	tered office or register	2/15/	<u> </u>		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable			ee will be \$550.00	10. Election Campaign Financing Trust Fund Contribution. te		00 May Be d to Fees	
11.	OFFICERS AND DI		2.	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ware, Cynthia C 11221 N. St. Johns Industrial Jacksonville FL 32246	PKWY.	ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		A S	TITLE MAME STREET ADDRESS SITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		A S	ITLE IAME STREET ADDRESS EITY-ST-ZIP	-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S	ITLE IAME ITREET ADDRESS ITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N	ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N S	ITLE IAME TREET ADDRESS	ı.	☐ Change	Addition	
13. I hereby of indicated of the conchanged,	pertify that the information supplied with the on this report or supplemental report is triporation or the receiver of trustee empowers or on an attachment with an address, with	is filing does not qualify for the e ue and accurate and that my sig gred to execute this report as red h all other like empowered.	exemption stated in Secondaries shall have the squired by Chapter 607	ction 119.07(3)(i), Florida Statutes. I further ce same legal effect as if made under oath; that I , Florida Statutes; and that my name appears	ertify that the in am an officer in Block 11 o	nformation or director r Block 12 if	

SIGNATURE:

AFGRURED. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

///14/02 904-928-0/08
Date Daytime Phone #