

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

**9702 UBR**

**102**

DOCUMENT # P95000020599  
1. Entity Name  
Ellen E. Ware, P. A.

**FILED**

02 FEB -5 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

500004926605--4  
-02/14/02--01065--011  
\*\*\*\*165.00 \*\*\*\*165.00  
DO NOT WRITE IN THIS SPACE

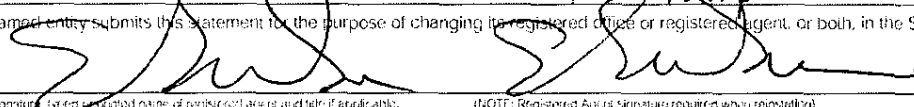
2. Principal Place of Business  
600 S. Magnolia Ave.  
Suite, Apt. #, etc.  
Ste. 225  
City & State  
Tampa, FL  
Zip  
33606  
Country  
U.S.

3. Mailing Address  
Same  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number  
59-3311046  
Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Ellen E. Ware  
Street Address (P.O. Box Number is Not Acceptable)  
600 S. Magnolia Ave.  
Ste. 225  
City  
Tampa FL Zip Code  
33606

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  DATE 1/31/02  
Signature of the registered name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/S/T Ellen E. Ware, P. A. 600 S. Magnolia Ave, Ste. 225 Tampa, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004926605--4 -02/14/02--01065--012 ****750.00 ****750.00
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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 on an attachment with an address with all other like empowered

SIGNATURE:  DATE 1/31/02 Filing # 813-254-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

2002

ELLEN E. WARE, P.A.

Attorney at Law

Board Certified Marital and Family Lawyer • Admitted in Florida and Massachusetts

January 31, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Ellen E. Ware, P.A.  
FEI Number: 59-3311046

Please be advised by way of this letter that my business was managed by a third party company (located at a different facility) who failed to renew and maintain an active status for my corporation. I did not personally receive any renewal notices or annual UBR Report and would like for my corporation to be reinstated. I have enclosed a completed Corporation Reinstatement Form, For Profit Corporation Uniform Business Report, Check # 4093 in the amount of \$750.00 and Check # 4126 in the amount of \$165.00 representing \$15.00 balance due and \$150.00 for 2002 fees.

If you have further questions, please contact me at (813) 254-8500 or by email at [www.eewarepa@tampabay.rr.com](mailto:www.eewarepa@tampabay.rr.com). Thank you for your assistance in this matter.

Sincerely,



Ellen E. Ware

EEW/ptc

THE EDGEWATER BUILDING

600 South Magnolia Avenue • Suite 225 • Tampa, Florida 33606 • 813-254-8500 • Fax 813-254-9511