


FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90117 041 ***150.00

| | | | | | |
|---|-----------------------------------|---------------------|--|---|--|
| DOCUMENT # | | P95000091357 | |  | |
| 1. Entity Name AWARE DEVELOPMENT, INC. | | | | | |
| Principal Place of Business 305 SW 140 TERRACE NEWBERRY FL 32669 US | | | Mailing Address 305 SW 140 TERRACE SUITE A NEWBERRY FL 32669 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | | |
| 6. Name and Address of Current Registered Agent | | | | | |
| ACD ASSOCIATES 305 SW 140TH TERRACE NEWBERRY FL 32669 | | | | | Name Street Address City |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and address)</small> | | | | | |
| (NOTE: Registered Agent signature required) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D <input type="checkbox"/> Delete | | | | TITLE |
| NAME | DUNWOODY, UTE ALICE | | | | NAME |
| STREET ADDRESS | 305 SW 140TH TERRACE | | | | STREET ADDRESS |
| CITY-ST-ZIP | NEWBERRY FL | | | | CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> Delete | | | | TITLE |
| NAME | | | | | NAME |
| STREET ADDRESS | | | | | STREET ADDRESS |
| CITY-ST-ZIP | | | | | CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> Delete | | | | TITLE |
| NAME | | | | | NAME |
| STREET ADDRESS | | | | | STREET ADDRESS |
| CITY-ST-ZIP | | | | | CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> Delete | | | | TITLE |
| NAME | | | | | NAME |
| STREET ADDRESS | | | | | STREET ADDRESS |
| CITY-ST-ZIP | | | | | CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> Delete | | | | TITLE |
| NAME | | | | | NAME |
| STREET ADDRESS | | | | | STREET ADDRESS |
| CITY-ST-ZIP | | | | | CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> Delete | | | | TITLE |
| NAME | | | | | NAME |
| STREET ADDRESS | | | | | STREET ADDRESS |
| CITY-ST-ZIP | | | | | CITY-ST-ZIP |

☐ CHECK HERE IF MAKING CHANGES

| | |
|------------------------------------|----------------|
| 4. FEI Number 59-3349467 | Applied For |
| | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|---|--|--|-------------|
| ACD ASSOCIATES 305 SW 140TH TERRACE NEWBERRY FL 32669 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | |
| | | City | FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be
- Trust Fund Contribution. ☐ Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUNWOODY, UTE ALICE 305 SW 140TH TERRACE NEWBERRY FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 |
| 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 |
| 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 |
| 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 |
| 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 |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. G. Patterson CLARENCE Castel-Dunwoody 3.6.03 352-332-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)