2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

NING OFFICER OR DIRECTOR

SIGNATURE:

FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **P96000099050** 1. Entity Name OWARE, INC. 01-19-2000 90304 004 ***150.00 Mailing Address Principal Place of Business 2800 SCOTT-MILL TERRACE-2000-SCOTT-MILL TERRAGE IACKSONVILLE FL 32257 -JACKSONVILLE-FL-32082-3661-C0006097 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 112 OSPREY OSPREY RIBGE WAY Applied For City & State 4. FEI Number City & State 59-3427650 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 320R2 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HETZEL, BILL Street Address (P.O. Box Number is Not Acceptable) 2800 SCOTT MILE TERRAGE SUITE 101-PONTE VEDRA BEACH JACKSONVILLE FL 32257 Zip Code 32082 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change TITLE Delete HETZEL, BILL NAME 112 OSPRRY RIDGE STREET ADDRESS 2800 SCOTT-MILL-TERRACE STREET ADDRESS DITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32257 PONTE VEDRA BEACH 32082 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Detete TITLE NAME -:-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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