

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90038 044 ***150.00

DOCUMENT # P96000099050

1. Entity Name
QWARE, INC.

Principal Place of Business
~~112 OSPREY RIDGE WAY~~
PONTE VEDRA BEACH FL 32082
US

Mailing Address
~~112 OSPREY RIDGE WAY~~
PONTE VEDRA BEACH FL 32082
US



2. Principal Place of Business

3269 OLD BARN RD W

3. Mailing Address

Suite, Apt. #, etc.

(Same)

City & State

PONTE VEDRA BEACH, FL

City & State

4. FEI Number **59-3427650**

Applied For

Not Applicable

Zip

32082

Country

US

Zip

Country

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

HETZEL, BILL

~~112 OSPREY RIDGE WAY~~
PONTE VEDRA BEACH FL 32082

3269 OLD BARN RD W.

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.

SIGNATURE

Bill Hetzel, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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



FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HETZEL, BILL**
STREET ADDRESS ~~112 OSPREY RIDGE~~ **3269 OLD BARN RD W.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bill Hetzel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10, 2002

Date

904-280-8209

Daytime Phone #

CR2E034 (9/01)