

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90141 040 ***150.00

DOCUMENT # P97000000754

1. Entity Name
WARE-MANN, INC



Principal Place of Business
904 SE 14TH AVENUE
CAPE CORAL FL 33990

Mailing Address
904 SE 14TH AVENUE
CAPE CORAL FL 33990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0716357

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARE, WILLIAM L
904 SE 14TH AVENUE
CAPE CORAL FL 33990

Name Mann, Richard C
Street Address (P.O. Box Number is Not Acceptable)

1201 SE 5th St

City Cape Coral

FL

Zip Code

33990

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 *Richard C Mann*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-03

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 Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARE, WILLIAM L	
STREET ADDRESS	1722 BAYOU GRANDE BLVD, NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARE, LINDA J	
STREET ADDRESS	1722 BAYOU GRANDE BLVD, NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANN, RICHARD C	
STREET ADDRESS	1201 SE 5TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mann, Dana L.	
STREET ADDRESS	1201 SE 5th St	
CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dana L Mann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03

239-574-5001

Date

Daytime Phone #

CR2E034 (10/02)