

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2000 8:00 am  
Secretary of State

04-22-2000 90057 036 \*\*\*150.00

DOCUMENT # P97000052486

1. Entity Name

AMERIWARE GROUP, INC.

Principal Place of Business

Mailing Address

983 SHERWOOD DRIVE  
BONIFAY FL 32425  
US

P.O. BOX 371  
BONIFAY FL 32425-0371  
US

944131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2692 Sherwood Drive  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Bonifay FL

City & State

4. FEI Number

59-3458299

Applied For

Not Applicable

Zip  
32425

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

NESBITT, DAVID A  
983 SHERWOOD DRIVE DWL  
DOGWOOD LAKES  
BONIFAY FL 32425

Name

Street Address (P.O. Box Number is Not Acceptable)  
2692 Sherwood Drive

City Bonifay

FL

Zip Code  
32425

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

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
NESBITT, DAVID A  
983 SHERWOOD DRIVE DWL  
BONIFAY FL 32425 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2692 Sherwood Dr ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
NESBITT, SHERRY L  
983 SHERWOOD DRIVE DWL  
BONIFAY FL 32425 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2692 Sherwood Dr ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

Sherry L Nesbitt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry L Nesbitt

Date

4-17-00

Daytime Phone #

950-547-5908

CR2E034 (9/99)