

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90081 036 \*\*\*550.00

**DOCUMENT # P98000097460**

1. Entity Name

**NOTESWARE INC.**



Principal Place of Business

**6743 ASHLEY COURT  
SARASOTA FL 34241**

Mailing Address

**C/O GARY FERMAN LAW OFFICE  
27 BRUTON STREET  
LONDON, W1X 7DB, UK**

**A3072100**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**627 CALLE DE PERU**

3. Mailing Address

**627 CALLE DE PERU**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA FLORIDA**

City & State

**SARASOTA FLORIDA**

4. FEI Number

**65-0879487**

Applied For

Not Applicable

Zip

Country

**34242**

**USA**

Zip

Country

**34242**

**USA**

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

**UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI FL 33156-0000**

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

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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **IVESON, FRANK WILLIAM**  
CITY-ST-ZIP **ASHFIELD HOUSE, HACKFORTH BEDALE**  
**NORTH YORKSHIRE DL8 1PE, UK**

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

TITLE ☐ Delete  
NAME **VSD**  
STREET ADDRESS **MASTERS, JOHN B**  
CITY-ST-ZIP **7 KINGFISHER COURT-BRIDGE ROAD**  
**EAST MOLESSEY-SURREY-KT8 PHLUK**

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

TITLE ☐ Delete  
NAME **VTD**  
STREET ADDRESS **MASSEY, DIANNE K**  
CITY-ST-ZIP **101 BRIDGESTONE DRIVE-BOURNE END**  
**BUCKINGHAMSHIRE-SL8 5XQ UK**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **JOHN MASTERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**14TH MARCH 2000**

Date

**444 1784 898064**

Daytime Phone #

CR2E034 (9/99)