

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90161 017 ***150.00

DOCUMENT # V72340

1. Entity Name
WARE BROTHERS, INC.



Principal Place of Business
11221 ST. JOHNS IND. PKWY.
JACKSONVILLE FL 32246
US

Mailing Address
522 PARK STREET
JACKSONVILLE FL 32204
US

2. Principal Place of Business
11710 Central Parkway
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Jacksonville FL
Zip
32224
Country
Duval

City & State

Zip

Country

4. FEI Number **59-3151593**

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

LINDELL, J. MICHAEL
12276 SNA JOSE BLVD
SUITE 126
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **D** ☐ Delete
NAME **WARE, WALTER E., SR.**
STREET ADDRESS **4243 VENETIA BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete
NAME **WARE, WALTER E., JR.**
STREET ADDRESS **4406 SHERWOOD ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete
NAME **WARE, CHRISTOPHER**
STREET ADDRESS **195 SAN JUAN DR.**
CITY-ST-ZIP **PONTE VEDRA BCH. FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *314 Ponte Vedra Blvd*
CITY-ST-ZIP *Ponte Vedra Beach Florida 32082*

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

Christopher W Ware 4/18/03 (904) 865-1683

Date

Daytime Phone #

CR2034 (10/02)