

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90017 045 ***150.00

DOCUMENT # P00000072016

1. Entity Name
FLESHWARE, INC.

Principal Place of Business
**948 SUMTER ROAD E
WEST PALM BEACH FL 33415**

Mailing Address
**948 SUMTER ROAD E
WEST PALM BEACH FL 33415**

2. Principal Place of Business
**6742 Forest Hill Blvd
Suite A #102
PMP 186 West Palm Beach, FL**

3. Mailing Address
SAME AS #2
Suite, Apt. #, etc.

City & State
33413-3321 Palm Beach

City & State
33413-3321 Palm Beach

4. FEI Number
65-1029368

Applied For
Not Applicable

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

**BENTALL, CHRISTIAN P
948 SUMTER ROAD E
WEST PALM BEACH FL 33415**

Name
BENTALL CHRISTIAN P
Street Address (P.O. Box Number is Not Acceptable)
**2144 Sherwood Forest Blvd. #7
Hill**
City
WEST PALM BEACH FL Zip Code
33415

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]*
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/2001
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, 2001 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
STREET ADDRESS
CITY-ST-ZIP
**BENTALL, CHRISTIAN P
948 SUMTER ROAD E
WEST PALM BEACH FL 33415**

☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**2144 Sherwood Forest Hill Blvd #7
WEST PALM BEACH FL 33415**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

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☐ Change ☐ Addition
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2001 561.310.8366
Date Daytime Phone #

CR2E034 (10/00)