2001 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P97000058929 1. Entity Name STEMWARE, INC. 04-19-2001 90074 022 \*\*\*150.00 Principal Place of Business Mailing Address 2508 FLORIDA AVE 2508 FLORIDA AVE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 ייטטטק פ 2. Principal Place of Business 3. Mailing Address 104 HOL lare Suite, Apt. #, etc. Suite Apt # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0771592 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAMS, WARREN B Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD SUITE 680 WEST PALM BEACH FL 33401 City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) D TITLE Change ☐ Addition TITLE ☐ Delete Denise Steighner STEIGHNER, DENISE NAME NAME STREET ADDRESS 2508 FLORIDA-AVE STREET ADDRESS CITY-ST-7!P CITY-ST-7IP WEST\_PALM-BEACH\_FL-33401 Detete TITLE ☐ Addition aceu ORF, TRACEY NAME clare Aue STREET ADDRESS STREET ADDRESS 2508 FLORIDA AVE CITY-ST-ZIP WEST PALM-BEACH-FL 33401 CITY-ST-ZIP Detete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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. of the corporation of the receiver or trustee employed, or on an attachment with an address,