

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90031 034 \*\*\*150.00

DOCUMENT # **P97000058929**  
1. Entity Name  
**Stemware, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1401 Clare Ave.**  
- Suite, Apt. #, etc.

3. Mailing Address  
**1401 Clare Ave.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**West Palm Beach FL**  
Zip  
**33401**

City & State  
**West Palm Beach, FL**  
Zip  
**33401**  
Country  
**PB**

4. FEI Number  
**05-0771592**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Denise Steighner**

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

**1401 Clare Ave.**

City  
**West Palm Beach** **FL** Zip Code  
**33401**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Denise Steighner</b> <b>1401 Clare Ave.</b> <b>West Palm Beach, FL 33401</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/29/02 (561) 833-0772**