

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

0105700 AV

DOCUMENT # P99000012764

1. Entity Name
NEW GLOBALWARE INC.



Principal Place of Business
**418 PIEDMONT STREET
ORLANDO FL 32806**

Mailing Address
**418 PIEDMONT STREET
ORLANDO FL 32806**



2. Principal Place of Business
7507 Kingspointe Pkwy.

3. Mailing Address
7507 Kingspointe Parkway

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.
101

City & State
Orlando, FL.

City & State
Orlando, FL.

Zip
32819

Country

Zip
32819

Country
U.S.A

4. FEI Number
59-3633031

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

**LEWIS, WHITEFORD
6254 MORNING MIST LANE
ORLANDO FL 32819**

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

(NOTE: Registered Agent signature required when reinstating)

3/14/03
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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LEWIS, WHITEFORD A 6254 MORNING MIST LANE ORLANDO FL 32819	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV LEWIS, MYRNA C 6254 MORNING MIST LANE ORLANDO FL 32819	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CATARATA, RUBEN 418 PIEDMONT STREET ORLANDO FL 32806	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7507 Kingspointe Pkwy Suite 101 Orlando, FL 32819	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03
Date

407-420-9707
Daytime Phone #

CR2E034 (10/02)