2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065864

1. Entity Name

STEVEMAR, INC.

05-16-2000 00014 022 ***150.00

FILED

01 JUN 13 PM 1:36

SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O JOHN P. FENNER, ESQ. ~~2300 GLADES RD., STE. 200-E~~ 3998 FAU BLVD Suite 200-112 BOCA RATON FL 33431	C/O JOHN P. FENNER, ESQ. ~~2300 GLADES RD., STE. 200-E~~ 3998 FAU BLVD Suite 200-112 BOCA RATON FL 33431-~~7335~~

2. Principal Place of Business	3. Mailing Address
3998 FAU BLVD	3998 FAU BLVD
Suite, Apt. #, etc.: Suite 200-112	Suite, Apt. #, etc.: Suite 200-112
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33431 Country	Zip: 33431 Country

4. FEI Number: 65-0947140 ☐ 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
FENNER, JOHN P ESQ. ~~2300 GLADES RD., STE. 200-E~~ 3998 FAU BLVD Suite 200-112 BOCA RATON FL 33431	Name: JOHN P. Fenner ESQ Street Address (P.O. Box Number is Not Acceptable): 3998 FAU BLVD Suite 200-112 City: Boca Raton FL Zip Code: 33431

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] 1/17/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~3998 FAU BLVD Suite 200-112~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Stephen GARBUTT 5063 Heron Ct. Coconut Creek, FL 33073 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SP

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] Stephen Garbutt 03/12/00 954-4103944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)