AMENDED **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S20325

1. Entity Name
**STAMEY SYSTEMS, INC.**

FILED
03 NOV -7 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 7350 102ND PLACE S<br>BOYNTON BEACH, FL 33437 US | 1100 S FEDERAL HWY<br>SUITE 4<br>BOYNTON BEACH, FL 33435 US |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 17170 Whitehaven Drive | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Boca Raton, FL | City & State |
| Zip: 33496 / Country: US | Zip / Country |

4. FEI Number: 65-0232525 — 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 |
|---|---|
| STAMEY, E T<br>7350 102ND PL S<br>BOYNTON BEACH, FL 33437 | Name: Clifford I. Hertz, P.A.<br>Street Address (P.O. Box Number is Not Acceptable): One North Clematis Street<br>Suite 500<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 10/31/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE
Clifford I. Hertz, Pres.

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will Be $550.00
Amended UBR is $61.25
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 | PD ☒ Delete | TITLE | P/S/T/D ☐ Change ☒ Addition |
| NAME | STAMEY, E T | NAME | LEGUM, WENDY |
| STREET ADDRESS | 7350 102ND PL S | STREET ADDRESS | 17170 Whitehaven Drive |
| CITY-ST-ZIP | BOYNTON BCH, FL | CITY-ST-ZIP | Boca Raton, FL 33496 |
| TITLE | VS ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | STAMEY, MARLIN | NAME | |
| STREET ADDRESS | 7350 102ND PL S | STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BCH, FL | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | 500024509845 |
| STREET ADDRESS | | STREET ADDRESS | 11/07/03--01055--004 **61.25 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
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| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E034 (10/02)

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:** Wendy Legum, President 10/31/03 561-737-2776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Wendy Legum, Pres.