

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90124 015 ***150.00

DOCUMENT # P98000042553



1. Entity Name
DAVID STEWART, INC.

Principal Place of Business
~~3930 OAKS CLUBHOUSE DRIVE~~ **5810 NE 14th WAY**
~~SUITE 107~~ **FT LAUDERDALE FL**
~~POMPANO BEACH FL 33069~~ **33334**

Mailing Address
~~3930 OAKS CLUBHOUSE DRIVE~~
~~SUITE 107~~
~~POMPANO BEACH FL 33069~~



2. Principal Place of Business
5810 NE 14th WAY
Suite, Apt. #, etc.

3. Mailing Address
5810 NE 14th WAY
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
FT LAUDERDALE FL
Zip
33334
Country
BROWARD

City & State
FT LAUDERDALE, FL
Zip
33334
Country
BROWARD

4. FEI Number **65-0834492**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) 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	
TITLE PTD	<input type="checkbox"/> Delete
NAME ZUCKERMAN, STEWART D	
STREET ADDRESS 4161 NORTHEAST 26TH AVENUE 5810 NE 14th WAY	
CITY-ST-ZIP FT LAUDERDALE FL 33306-5700 FT LAUDERDALE FL 33334	
TITLE VSD	<input type="checkbox"/> Delete
NAME ZUCKERMAN, PAT B	
STREET ADDRESS 4161 NORTHEAST 26TH AVENUE 5810 NE 14th WAY	
CITY-ST-ZIP FT LAUDERDALE FL 33306-5700 33334	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZUCKERMAN, STEWART D	
STREET ADDRESS 5810 NE 14th WAY	
CITY-ST-ZIP FT LAUDERDALE, FL 33334	
TITLE VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZUCKERMAN, PAT B	
STREET ADDRESS 5810 NE 14th WAY	
CITY-ST-ZIP FT LAUDERDALE, FL 33334	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Stewart D. Zuckerman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-993-4161
Date Daytime Phone #

CR2E034 (10/02)