

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-07-2003 90170 021 ***150.00

DOCUMENT # 596817

1. Entity Name
L. D. STEWART ENTERPRISES, INC.



Principal Place of Business
28463 US HWY 19 N
STE 101-102
CLEARWATER FL 3376-517
US

Mailing Address
28463 US HWY 19 N
STE 101-102
CLEARWATER FL 3376-517
US

2. Principal Place of Business
7822 Francine Drive

3. Mailing Address
7822 Francine Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Port Richey, FL

4. FEI Number
59-1879935

Applied For
Not Applicable

Zip
34653-1100

Country
USA

Zip
34653-1100

Country
USA

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

MARICLE, M J
28463 US HWY 19 N
STE 101-102
SUITE 101-102
CLEARWATER FL 33761

28463 US HWY 19 N
STE 101-102
CLEARWATER FL 3376-517
US

Name
Sandip Patel
Street Address (P.O. Box Number is Not Acceptable)
3105 West Waters Avenue, Ste 315
City
Tampa FL 33614

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

(NOTE: Registered Agent signature required when reinstating)

59-1879935 DATE

3/5/03

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. ST ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete
NAME **STEWART, JUANITA A**
STREET ADDRESS **28463 US HWY 19 N #101**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☒ Change ☐ Addition
NAME **Stewart, Juanita A**
STREET ADDRESS **7822 Francine Drive**
CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE **P** ☐ Delete
NAME **STEWART, LYNN D**
STREET ADDRESS **28463 US HWY 19 N #101**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☒ Change ☐ Addition
NAME **Stewart, Lynn D**
STREET ADDRESS **7822 Francine Drive**
CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE **V** ☐ Delete
NAME **STEWART, MICHAEL D**
STREET ADDRESS **28463 US HWY 19 N #101**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☒ Change ☐ Addition
NAME **Stewart, Michael D**
STREET ADDRESS **7822 Francine Drive**
CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE **ST** ☐ Delete
NAME **STEWART, JUANITA A**
STREET ADDRESS **28463 US HWY 19 N #101**
CITY-ST-ZIP **CLEARWATER FL 33761**

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

TITLE **P** ☐ Delete
NAME **STEWART, LYNN D**
STREET ADDRESS **28463 US HWY 19 N #101**
CITY-ST-ZIP **CLEARWATER FL 33761**

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

TITLE **V** ☐ Delete
NAME **STEWART, MICHAEL D**
STREET ADDRESS **28463 US HWY 19 N #101**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Change ☐ 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:

Sandip Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03

727-848-4010

Date

Daytime Phone #

0489666 AV

0489666 AV

CR2E034 (10/02)