

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90054 015 ***150.00

DOCUMENT #136171

1. Entity Name

STUART DEPARTMENT STORE INC



Principal Place of Business

255 PELICAN DR.
STUART FL 34996

Mailing Address

255 PELICAN DR.
STUART FL 34996

94012136



MOORE CR2E034 (11/03)

2. Principal Place of Business

419 SE St. Lucie Blvd.
Suite, Apt. #, etc.

3. Mailing Address

419 SE St. Lucie Blvd.
Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

Stuart, Florida

4. FEI Number

59-0467865

Applied For

Not Applicable

Zip

34996

Country

USA

Zip

34996

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUERBACH, M.
255 PELICAN DR.
STUART FL 34996

7. Name and Address of New Registered Agent

Name: Barbara K. Sanders
Street Address (P.O. Box Number is Not Acceptable):
419 SE St. Lucie Blvd.
City: Stuart FL Zip Code: 34996

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

Barbara K. Sanders Barbara K. Sanders Secretary, Treasurer

1/30/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	PD	<input type="checkbox"/> Delete
NAME	KANAREK, PAUL B	
STREET ADDRESS	1241 POITRAS DR	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	AUERBACH, F. K.	
STREET ADDRESS	255 PELICAN DR.	
CITY-ST-ZIP	STUART FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	AUERBACH, M	
STREET ADDRESS	255 PELICAN DR.	
CITY-ST-ZIP	STUART FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Auerbach	
STREET ADDRESS	2196 SE Flanders Road	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara K. Sanders	
STREET ADDRESS	419 SE St. Lucie Blvd.	
CITY-ST-ZIP	Stuart, FL 34996	
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: Barbara K. Sanders Secretary, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/04 (772) 219-6995