

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 507579

1. Entity Name

JIM STEWART SHOES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90153 015 ***150.00

Principal Place of Business
1189 Candler Road
~~1245 COURT ST STE 100~~
CLEARWATER FL ~~33756~~ 33765
US

Mailing Address
1189 Candler Road
~~1245 COURT ST STE 100~~
CLEARWATER FL ~~33756~~ 33765
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1189 Candler Road
Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 4448
Suite, Apt. #, etc.

City & State
Clearwater, FL 33765

City & State
Clearwater, FL 33758

4. FEI Number 59-1684137

Applied For

Not Applicable

Zip Country

Zip Country

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

~~STEWART, JIM~~ JAMES W. STEWART
~~1245 COURT STREET STE 100~~ 1189 CANDLER ROAD
~~CLEARWATER, FL~~ CLEARWATER, FL 33765
33515

Name
James W. Stewart

Street Address (P.O. Box Number is Not Acceptable)
1189 Candler Road

City Clearwater FL Zip Code 33765

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 4/05/00

JAMES W. STEWART, REGISTERED AGENT (NOTE: Registered Agent signature required when reinstating)

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 PD
NAME STEWART, JAMES W.
STREET ADDRESS 1245 COURT ST STE 100
CITY-ST-ZIP CLEARWATER, FLORIDA 00000 33756

☐ Delete

TITLE President/Director/Sec/Treas.
NAME James W. Stewart
STREET ADDRESS 1189 Candler Road
CITY-ST-ZIP Clearwater, FL 33765

☐ Change ☒ Addition

TITLE ~~ST~~
NAME ~~STEWART, JUANITA~~
STREET ADDRESS ~~1245 COURT ST SUITE 100~~
CITY-ST-ZIP ~~CLEARWATER FL 33756~~

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ~~V~~
NAME ~~STEWART, KAREN, S~~
STREET ADDRESS ~~1245 CT ST, STE 100~~
CITY-ST-ZIP ~~CLEARWATER, FL 00000 33756~~

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ~~V~~
NAME ~~STEWART, ROBERT, J~~
STREET ADDRESS ~~1245 COURT ST., #100~~
CITY-ST-ZIP ~~CLEARWATER FL 33756~~

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)