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

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DOCUMENT # 596817

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

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

2. Principal Place of Business	3. Mailing Address
7822 Francine Drive	7822 Francine Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State: New Port Richey, FL
Zip: 34653-1100 Country: USA	Zip: 34653-1100 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1879935 — 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
MARICLE, M J	Name: Sandip I Patel
28463 US HWY 19 N	Street Address (P.O. Box Number is Not Acceptable): 3105 West Waters Avenue, Ste 315
SUITE 101-102	
CLEARWATER FL 33761	City: Tampa FL Zip Code: 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: Sip DPatel 3/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 59-1879935 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: ST	☐ Delete	TITLE:	☑ Change ☐ Addition
NAME: STEWART, JUANITA A		NAME: Stewart, Juanita A	
STREET ADDRESS: 28463 US HWY 19 N #101		STREET ADDRESS: 7822 Francine Drive	
CITY-ST-ZIP: CLEARWATER FL 33761		CITY-ST-ZIP: New Port Richey, FL 34653	
TITLE: P	☐ Delete	TITLE: P	☑ Change ☐ Addition
NAME: STEWART, LYNN D		NAME: Stewart, Lynn D	
STREET ADDRESS: 28463 US HWY 19 N #101		STREET ADDRESS: 7822 Francine Drive	
CITY-ST-ZIP: CLEARWATER FL 33761		CITY-ST-ZIP: New Port Richey, FL 34653	
TITLE: V	☐ Delete	TITLE: V	☑ Change ☐ Addition
NAME: STEWART, MICHAEL D		NAME: Stewart, Michael D	
STREET ADDRESS: 28463 US HWY 19 N #101		STREET ADDRESS: 7822 Francine Drive	
CITY-ST-ZIP: CLEARWATER FL 33761		CITY-ST-ZIP: New Port Richey, FL 34653	
TITLE:	☐ Delete	TITLE:	☐ Change ☐ Addition
NAME:		NAME:	
STREET ADDRESS: ST		STREET ADDRESS:	
CITY-ST-ZIP: STEWART, JUANITA A		CITY-ST-ZIP:	
TITLE: 28463 US HWY 19 N #101	☐ Delete	TITLE:	☐ Change ☐ Addition
NAME: CLEARWATER FL 33761		NAME:	
STREET ADDRESS: P		STREET ADDRESS:	
CITY-ST-ZIP: STEWART, LYNN D		CITY-ST-ZIP:	
TITLE: 28463 US HWY 19 N #101	☐ Delete	TITLE:	☐ Change ☐ Addition
NAME: CLEARWATER FL 33761		NAME:	
STREET ADDRESS: V		STREET ADDRESS:	
CITY-ST-ZIP: STEWART, MICHAEL D		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: SIGNATURE REQUIRED 4/3/03 727-848-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)