

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90082 003 ***150.00

836540

DO NOT WRITE IN THIS SPACE

DOCUMENT # F05937
1. Entity Name J.M. Stewart Corporation

Principal Place of Business **Mailing Address**

2. Principal Place of Business 2201 Cantu CT.
 Suite, Apt. #, etc. Ste 217

3. Mailing Address 5029 Edgewater Dr.
 Suite, Apt. #, etc.

City & State Sarasota, FL.
Zip 34232 **Country** U.S.

City & State Orlando, FL.
Zip 32810 **Country** U.S.

4. FEI Number 59-2035829
Applied For ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
 Harris, Marshall S.
 5029 Edgewater Dr.
 Orlando, FL. 32810

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE**

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	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D
STREET ADDRESS	Stewart, J Melvin
CITY-ST-ZIP	2201 Cantu Court Ste 217 Sarasota, FL 34232
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V
STREET ADDRESS	Schaetzel, Pamela
CITY-ST-ZIP	2201 Cantu Court Ste 217 Sarasota, FL 34232
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/D
STREET ADDRESS	Brandner J. William
CITY-ST-ZIP	5029 Edgewater Drive Orlando, FL 32810
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/T/D
STREET ADDRESS	Thrasher, Todd D.
CITY-ST-ZIP	5029 Edgewater Drive Orlando FL 32810
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S
STREET ADDRESS	Harris, Marshall S.
CITY-ST-ZIP	5029 Edgewater Drive Orlando, FL 32810
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **J. William Brandner** 4/12/00 (407)521-7477
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)