

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90030 020 ***150.00

DOCUMENT # F08170

1. Entity Name

STEWART, STEPHAN & BOWEN, INC.

Principal Place of Business

Mailing Address

1919 COURTNEY DR
STE 9
FORT MYERS FL 33901
US

1919 COURTNEY DR
STE 9
FORT MYERS FL 33901-9029
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2048952

Applied For

Not Applied For

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, WILLIAM E., JR.
1919 COURTNEY DR
STE 9
FORT MYERS FL 33901

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	STEWART, WILLIAM E, JR	
STREET ADDRESS	1919 COURTNEY DR SUITE 9	
CITY-ST-ZIP	FT MYERS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEPHAN, BRUCE A.	
STREET ADDRESS	1919 COURTNEY DR SUITE 9	
CITY-ST-ZIP	FT MYERS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOWEN, CLIFFORD M.	
STREET ADDRESS	1919 COURTNEY DR SUITE 9	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William E. Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00

Date

941 936-4041

Daytime Phone #