

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F08170

1. Entity Name

STEWART, STEPHAN & BOWEN, INC.

Principal Place of Business

1919 COURTNEY DR
STE 9
FORT MYERS FL 33901
US

Mailing Address

1919 COURTNEY DR
STE 9
FORT MYERS FL 33901
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2048952

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, WILLIAM E, JR 1919 COURTNEY DR SUITE 9 FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEPHAN, BRUCE A. 1919 COURTNEY DR SUITE 9 FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOWEN, CLIFFORD M. 1919 COURTNEY DR SUITE 9 FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

300004523693--9
08/08/01--01020-013 Addition
****150.00 ****150.00

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:

Clifford M. Bowen Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

941-936-4041 XLZ

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 JUL 18 PM 2:52



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

SP



Attachment Doc # F08170 Pg 2 of 2
Stewart, Stephan & Bowen, Inc.
REAL ESTATE APPRAISAL & ANALYSIS

WILLIAM E. STEWART, JR.
MAI

BRUCE A. STEPHAN
MAI

CLIFFORD M. BOWEN, JR.
SRA

To Whom It May Concern:

The following form was discovered in the paid bills file.

The check and form were filed out in the necessary time frame

but due to the unfortunate and sudden death of the office secretary
some matters were not handled properly.

If you need additional verification of the circumstances

we will be happy to supply bank records to verify the check number and
and a death certificate.

We hope you will accept this form late as it was intended and
executed in a timely fashion.

Thank You,

Barbara E. Stewart