2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

F9300000197

1. Entity Name

HERMAN-STEWART CONSTRUCTION AND DEVELOPMENT,



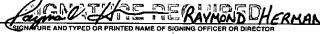
FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90128 045 ***150.00

•												
Principal Place of Business 4550 FORBES BLVD SUITE 200 LANHAM MD 20706 US 2. Principal Place of Business			Mailing Address 4550 FORBES BLVD SUITE 200 LANHAM MD 20706 US 3. Mailing Address									
Suite, Apt	. #, etc.	· · ·	Suite, Apt. #, etc.					☐ CHECK HERE IF	MAKING (HANGES		
City & State			City & State				4.	4. FEI Number 25-1631049 Applied For				
Zip Country			Zip Counti			у	5.	5 Certificate of Status Desired			ditional]
	6 Name	and Address of Current	Pagietore	d Agent	l		<u> </u>	Name and Address of Name Day		e Require	ıd	4
	O. Hame	and Address of Current	negistere	u Agent		Name		Name and Address of New Reg	istered Ag	ent		┨
C T COR	PORATION	SYSTEMS							· • • • • • • • • • • • • • • • • • • •			
	PINE ISLAN					Street Address (P.O. Box Number is Not Acceptable)						1
	10N FL 333				_						· · · · · · · · · · · · · · · · · · ·	1
Dutim	1011 1 2 000	6 1				City			FL	Zip Cod	e	1
8. The above the obligation	e named entit tions of regist	y submits this statement for ered agent.	r the purp	ose of changing its	registered	office or registe	ered ag	ent, or both, in the State of Florid	a. I am far	niliar with,	and accept	1
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if app	licable. (NOTI	E: Registered A	gent signature require	ed when re	einstating)	DATE			
After	r May 1, 200	FEE IS \$150.00 Florida Department of	State		,			9. Election Campaign Finan Trust Fund Contribution.	cing		0 May Be ito Fees	
10.	T -	OFFICERS AND	DIRECTO	RS	11.	,	ΑD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11	1.
TITLE NAME STRÈET ADDRESS CITY-ST-ZIP		RAYMOND JAMES PAULS WAY VILLE MD		☐ Defete	TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP		·	[_ Change	☐ Addition	(00)04) 400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	142 DREX	MATTHEW D EL DR PARK MD 21146		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 7-ZIP			С	☐ Change	Addition	1
TITLE= NAME STREET ADDRESS CITY-ST-ZIP		-	a-	□ Delete	NAME	ADDRESS	<u> v,</u>			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET, CITY-ST	ADDRESS - ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET /	ADDRESS - ZIP			C] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A] Change	☐ Addition	

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:



1/8/03

301-731-5555

Daytime Phone #