

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

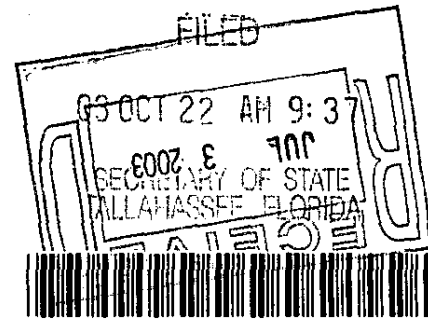
DOCUMENT # F99000002041

1. Entity Name
STEWART CAPITAL, INC.



Principal Place of Business
4000 COLONNADE PARKWAY
BIRMINGHAM AL 35243

Mailing Address
4000 COLONNADE PARKWAY
BIRMINGHAM AL 35243



REINSTATEMENT 03
☒ CHECK HERE IF MAKING CHANGES

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 63-1222839

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Heather Morgan*

(NOTE: Registered Agent signature required when reinstating)

10-15-03

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME CP
STREET ADDRESS STEWART, WALTER
CITY-ST-ZIP 4000 COLONNADE PARKWAY
BIRMINGHAM AL 35243 ☐ Delete

TITLE
NAME CFO
STREET ADDRESS LOU ANNE STRICKLAND
CITY-ST-ZIP 4000 Colonnade Parkway
Birmingham AL 35243 ☐ Change ☒ Addition

TITLE
NAME ST
STREET ADDRESS SMITH, ANNE
CITY-ST-ZIP 4000 COLONNADE PARKWAY
BIRMINGHAM AL 35243 ☒ Delete

TITLE
NAME COO
STREET ADDRESS Vincent Castagliuolo
CITY-ST-ZIP 4000 Colonnade Pkwy
B'ham AL 35243 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Heather Morgan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03

Date

205-969-3000

Daytime Phone #

0143994 AT

CP2E034 (4/03)