

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G50402

1. Entity Name

STUART TOWER CORPORATION

STUA574 349583018 1399 20 01/05/01
NOTIFY SENDER OF NEW ADDRESS
STUART TOWER CORP.
PO BOX 8406
PORT SAINT LUCIE FL 34985-8406

Principal Place of Business

1500 N.W. FEDERAL HWY.
STUART FL 34994

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90042 021 ***150.00



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 **59-2320404**

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

AUGUST F GABRIEL
127 S. SHORE ROAD
STUART FL 34994

Name

AUGUST F. GABRIEL

Street Address (P.O. Box Number is Not Acceptable)

2457 S.E. SHIPPING RD

City

PORT ST LUCIE

FL

Zip Code

34952

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

August F. Gabriel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-21-00

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 ☐ Delete
NAME P
STREET ADDRESS GABRIEL, AUGUST
CITY-ST-ZIP 127 S. SHORE RD.
STUART FL 34994

TITLE ☐ Change ☐ Addition
NAME P. AUGUST F. GABRIEL
STREET ADDRESS 2457 S.E. SHIPPING RD
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE ☐ Delete
NAME ST
STREET ADDRESS GABRIEL, LORRAINE
CITY-ST-ZIP 127 S. SHORE RD.
STUART FL 34994

TITLE ☐ Change ☐ Addition
NAME S. LORRAINE GABRIEL
STREET ADDRESS 2457 S.E. SHIPPING RD
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

August F. Gabriel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00

Date

561-327-2363

Daytime Phone #

CR2E034 (9/99)