

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G59372

1. Entity Name

JOHN STEWART ENTERPRISES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90116 047 ***158.75

Principal Place of Business

Mailing Address

502 N. HOGAN STREET
 JACKSONVILLE FL 32202

502 N. HOGAN STREET
 JACKSONVILLE FL 32202-4106

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 59-2323216

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, JOHN R. JR.
 506 CLIFTON BLUFF LANE
 JACKSONVILLE FL 32211

Name Stewart, VAN JANET
 Street Address (P.O. Box Number is Not Acceptable)
506 CLIFTON BLUFF LANE
 City Jacksonville FL 32211

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 Van Janet Stewart VAN JANET STEWART JAN 4, 2000
 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	PD	<input checked="" type="checkbox"/> Delete
NAME	STEWART, JOHN R. JR.	
STREET ADDRESS	506 CLIFTON BLUFF LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DTS	<input checked="" type="checkbox"/> Delete
NAME	STEWART, VAN JANET	
STREET ADDRESS	506 CLIFTON BLUFF LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, VAN JANET	
STREET ADDRESS	506 CLIFTON BLUFF LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, JOHN R. JR.	
STREET ADDRESS	506 CLIFTON BLUFF LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Van Janet Stewart VAN JANET STEWART JAN 4, 2000 901 356 9392
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)