

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90109 004 ****50.00

DOCUMENT # L00000009561

1. Entity Name
THE STEWART LAW GROUP, P.L.



Principal Place of Business
**3825 HENDERSON BLVD. #504
TAMPA FL 33629**

Mailing Address
**PO BOX 18246
TAMPA FL 33679-8246**

2. Principal Place of Business
730 S. Sterling Ave.

3. Mailing Address

Suite, Apt. #, etc.
304

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State

Zip
33609

Country
USA

Zip

Country

4. FEI Number **59-3672382**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, STEPHANIE J
3825 HENDERSON BLVD.
SUITE 504
TAMPA FL 33629**

Name

Stephanie J. Stewart, Esq.

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

730 S. Sterling Ave., Ste. 304

City

Tampa

FL

Zip Code

33609

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

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

(NOTE: Registered Agent signature required when reinstating)

2/7/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
J. BENTON STEWART, II, P.A.
3825 HENDERSON BLVD. #504
TAMPA FL 33629**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/7/03

DATE

(813) 354-6446

DAYTIME PHONE #

CR2E083 (10/02)