

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L33245**

1. Entity Name

STEWART CELLULAR COMMUNICATIONS, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90014 026 ***550.00

Principal Place of Business

Mailing Address

~~1920 G DIXIE HWY~~
~~WEST PALM BEACH FL 33401~~

~~1920 S DIXIE HWY~~
~~WEST PALM BEACH FL 33401~~

2. Principal Place of Business

3. Mailing Address

1215 N. FEDERAL HIGHWAY
Suite, Apt. #, etc.

1215 N. FEDERAL HIGHWAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAKE PARK, FL

City & State
LAKE PARK, FL

4. FEI Number **65-0173957**

Applied For
Not Applicable

Zip **33403** Country

Zip **33403** Country

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

~~OLENSKI, SCOTT R~~
~~1028 SOUTH DIXIE HWY~~
~~WEST PALM BCH FL 33401~~

Name **JANET GOETZ**
Street Address (P.O. Box Number is Not Acceptable)
1215 N. FEDERAL HIGHWAY
City **LAKE PARK** FL Zip Code **33403**

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PVTS	<input type="checkbox"/> Delete
NAME STEWART, EARL D JR	
STREET ADDRESS 2424 S. DIXIE HWY	
CITY-ST-ZIP W. PALM BCH FL 33401	
TITLE D VP	<input type="checkbox"/> Delete
NAME STEWART, EARL D JR	
STREET ADDRESS 2424 S DIXIE HWY	
CITY-ST-ZIP W PALM BCH FL 33401	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1215 N. FEDERAL HIGHWAY	
CITY-ST-ZIP LAKE PARK FL 33403	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET C. GOETZ

Date

Daytime Phone #

561-844-3461
07/12/00