

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40635

1. Entity Name: J. STEWART & SON, INC.

J. STEWART & SON, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90149 037 \*\*\*150.00

Principal Place of Business

Mailing Address

943 GLYNLEA RD  
SUITE 119E  
JACKSONVILLE FL 32216  
US

C/O JAMES S. STEWARD  
943 GLYNLEA RD  
JACKSONVILLE FL 32216-2605  
US

2. Principal Place of Business

3. Mailing Address

6168 BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FL

Zip  
32216

Country  
US

Zip

Country

4. FEI Number 59-2992576

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, JAMES S.  
943 GLYNLEA RD  
JACKSONVILLE FL 32216

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.

SIGNATURE

*James Stewart* JAMES S. STEWART PRESIDENT

DATE

4/26/00

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 D ☐ Delete  
NAME STEWART, JAMES S.  
STREET ADDRESS 943 GLYNLEA RD  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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:

*James Stewart* JAMES S STEWART

Date

Daytime Phone #

4/26/00

904 855-1130

CR2E034 (9/99)