

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90098 006 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000005750

1. Entity Name
STEWART INTERNATIONAL GROUP, LLC



Principal Place of Business
132 EAST HAMPTON WAY
JUPITER, FL 33458

Mailing Address
177 WEST US HWY 1
PMB 313
TEQUESTA, FL 33469

90157078

2. Principal Place of Business
177 West US Hwy 1

3. Mailing Address

Suite, Apt. #, etc.
PMB 313

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tequesta FL

City & State

4. FEI Number
43-1780633

Applied For
Not Applicable

Zip
33469

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, KENNY J
132 EAST HAMPTON WAY
JUPITER, FL 33458

Name

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

177 West US Hwy 1, PMB 313

City Tequesta

FL

Zip Code 33469

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's signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME STEWART, KENNY J
STREET ADDRESS 132 EAST HAMPTON WAY
CITY-ST-ZIP JUPITER, FL 33458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 177 West US Hwy 1
CITY-ST-ZIP Tequesta, FL 33469 ☒ Change ☐ Addition

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Ken Stewart 9-9-2003 417-887-8100

CR2E083 (10/02)