

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2001 8:00 am**
Secretary of State

04-11-2001 90047 016 ***150.00

DOCUMENT # M73687

1. Entity Name

STEWART-TUCKER INSURANCE AGENCY, INC.

Principal Place of Business

10404 N. NEBRASKA AVE.
TAMPA FL 33612

Mailing Address

10404 N. NEBRASKA AVE.
TAMPA FL 33612

00044703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11310 N. Nebraska Ave

3. Mailing Address

11310 N. Nebraska Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa FL4. FEI Number **59-2878732**

Applied For

Not Applicable

Zip

33612

Country

USA

Zip

33612

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENE, CHERYL S.
10404 N NEBRASKA AVE
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

Greene, Cheryl S

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

11310 N. Nebraska Ave

City

Tampa

FL

Zip Code

33612

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check-Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GREENE, CHERYL S.	
STREET ADDRESS	4139 JOY DR	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STEWART, WALTER B., JR.	
STREET ADDRESS	10587 MATIE CIR	
CITY-ST-ZIP	TAMPA FL 33612	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 an officer or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/01

813-971-6953

CR2E034 (10/00)