2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# N02000009134

Entity Name: STEWART BAND BOOSTERS, INC.

Current Principal Place of Business:

34804 CHELMSFORD LANE
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

34804 CHELMSFORD LANE
ZEPHYRHILLS, FL 33541

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VAIL, MICHAEL A
34804 CHELMSFORD LANE
ZEPHYRHILLS, FL 33541

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ABBRUZZESE, ANDREA
Address: 8801 SPARKLEEBERRY
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: S ( ) Delete
Name: DUNLAP, SANDRA
Address: 6341 ASHVILLE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: T ( ) Delete
Name: REESE, KIMBERLY
Address: 5419 9TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ABBRUZZESE, ANDREA PRES
Address: 8801 SPARKLEEBERRY
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: SD (X) Change ( ) Addition
Name: DUNLAP, SANDRA SEC
Address: 6341 ASHVILLE DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: TD (X) Change ( ) Addition
Name: REESE, KIMBERLY TRESU
Address: 5419 9TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY REESE TD 04/30/2003

Electronic Signature of Signing Officer or Director — Date