

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024835

Entity Name
TEWART ENTERPRISES OF PACE, INC.



FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90173 015 ***150.00

Principal Place of Business
190 GREENFIELD STREET
PACE, FL 32571

Mailing Address
~~1590 GREENFIELD STREET~~
~~PACE, FL 32571~~

Principal Place of Business
3. Mailing Address
4474 Woodbine Rd.

Suite, Apt. #, etc.
Suite 101

City & State
PACE, FL

Zip
32571

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59,3631014

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

TEWART, THOMAS F
526 CHAMPIONS DR.
PACE, FL 32571

Name

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

City FL Zip Code

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 date if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW WITH FEE IS \$150.00
TOTAL MAY 1, 2003 FEE WILL BE \$350.00
CHECK PAYABLE TO FIDELITY & BOND DEPARTMENT

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, MARTYSE		NAME	BERRIAN, KAREN	
STREET ADDRESS	2617 BROOK FOREST WAY		STREET ADDRESS	5904 Willard Norris Rd.	
CITY-ST-ZIP	JAY, FL 32666		CITY-ST-ZIP	MILTON, FL 32570	
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BERRIAN, KAREN		NAME	LYNN, OMALLEE	
STREET ADDRESS	1406 BELL CREEK RD		STREET ADDRESS	2855 DENTON Rd.	
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, MYRA N		NAME		
STREET ADDRESS	5626 CHAMPIONS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWLING, PATRICK G		NAME		
STREET ADDRESS	3568 STRATFORD LANE		STREET ADDRESS		
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, THOMAS F		NAME		
STREET ADDRESS	5626 CHAMPIONS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas F. Stewart*, THOMAS F. STEWART, DIR 4/29/03 850 9942277