FILED

Mar 07, 2001 8:00 am Secretary of State

03-07-2001 90608 026 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000026427

1 Entity Name

STEWART LYNN ENTERPRISES, INC.

Principal Plac 10500 ULMERTO LARGO FL 3377	ON ROAD SUITE 288	Mailing Address 10500 ULMERTON RO LARGO FL 33771	DAD SUITE 288	F					:
2. Principal P	face of Business	3. Mailing Address			-				
Suite, Apt, #, etc.		Suite Ant # etc	Suite, Apt. #, etc.			DO NOT WRITE II			11 1881 1851
							1111001		
City & State		City & State	City & State			O61576255			plied For t Applicable
Zip	Country	Zip	Count	ry	5 . C	5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Currer	it Registered Agent			7. N	lame and Address of New Regi	stered Ag	ent	
		Name							
1050	, VALERIE L 0 ULMERTON ROAD SUITE 288 GO FL 33771		Street Address		s (P.O. Bo	(P.O. Box Number is Not Acceptable)			
		•		City			FL	Zip Code	· · · · ·
8. The above	named entity submits this statement	for the purpose of change	ina its reaistere	d office or regis	stered age	ent, or both, in the State of Florida		L	
	•	, , ,		J	Ŭ				
SIGNATURE ,	Signature, typed or printed name of registered age:	nt and title if applicable.	(NOTE: Registered	i Agent signature requi	ired when rei	instating)	DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE				-	_	10. Election Campaign Financ	ing	\$5.0	O May Be
	requirement and elects to do so.		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			Trust Fund Contribution.			to Fees
11.	OFFICERS AN		12.		ADI	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	S IN 11
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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.

CITY-ST-ZIP

SIGNATURE:

Cleric Bar Volene L Barr

3-15-0

727-781-620

Daytime Phone #