

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90188 021 ***150.00

DOCUMENT # P00000103005

1. Entity Name
BOB STEWART, INC.



Principal Place of Business
2681 PARKVIEW DR
HALLANDALE FL 33009

Mailing Address
2681 PARKVIEW DR
HALLANDALE FL 33009



2. Principal Place of Business

3. Mailing Address

7065 PALAZZO REALE 7065 PALAZZO REALE
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State

BOYNTON BCH. FL. BOYNTON BCH. FL.

4. FEI Number **65-1052133**

Applied For
Not Applicable

Zip **33437**

Country **USA**

Zip **33437**

Country

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

STEWART, ROBERT
2681 PARKVIEW DR
HALLANDALE FL 33009

Name **ROBERT STEWART**
Street Address (P.O. Box Number is Not Acceptable) **7065 PALAZZO REALE**

City **BOYNTON BCH FL 33437**

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

~~After May 1, 2003 Fee will be \$550.00~~

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STEWART, ROBERT	
STREET ADDRESS	20191 E COUNTRY CLUB DRIVE APT 1804	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEWART, ROBERT	
STREET ADDRESS	7065 PALAZZO REALE	
CITY-ST-ZIP	BOYNTON, BCH. FL. 33437	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
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: **Robert Stewart**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-03 **796-8046**
Date **Daytime Phone #**

CR2E034 (10/02)