## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

SARASOTA FL 34243

SARASOTA FL 34243

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05-05-2003 90253 014 \*\*\*150.00

**FILED** 

May 05, 2003 8:00 am Secretary of State

JOCUMEN I # . Entity Name	P01000008218	
STEWARDSHIP, INC.		

Principal Place of Business Mailing Address 5899 WHITFIELD AVE. SUITE 201 5899 WHITFIELD AVE. SUITE 201

			,					1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /			
2. Principal Place of Business		3. Mai	3. Mailing Address					181 <b>00</b> 800 80180 18 <b>0</b> 1	1) (1881 181) (188)		
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	FEI Number <b>65-1084908</b>		Applied For	
Zip		Country	Zip	Zip Coun			5.	5. Certificate of Status Desired			
	6. Name	and Address of Currer	nt Registere	ed Agent			7. Name and Address of New Registered Agent				
						Name					
CADORNA, RONNIE R				Street Address (P.O. Box Number is Not Acceptable)							
5899 WHITFIELD AVE. SUITE 201 SARASOTA FL 34243											
0, 110 100		,				City		F	Zip Co	de	
8. The above	named entit	y submits this statement	for the purp	ose of changing its	reaister	ed office or	registered ag	ent, or both, in the State of Florida. I a	<u> </u>	and accept	
the obligat	ions of regist	ered agent.			-3			only of both, in the state of the state. Tall	TO TOUR THEFT	, and doop.	
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if app	licable. (NOTE	: Registere	d Agent signatu	re required when re	einstating) DATE		<del></del> :	
		! FEE IS \$150.00		•				9. Election Campaign Financing	\$5.0	00 May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Trust Fund Contribution.		d to Fees			
10.		OFFICERS AN	D DIRECTO	RS	11,		AD	DITIONS/CHANGES TO OFFICERS AI	ND DIRECTOR	RS IN 11	
TITLE 🚙	ם			☐ Delete	TITLE				Change	Addition	
NAME	CADORNA	I, OSIAS R JR			NAM	E					
STREET ADDRESS		ifield ave. Suite 2	01		STRE	ET ADDRESS					
CITY,-ST-ZIP	SARASOT.	A FL 34243			CITY	-ST-ZIP				:	
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NAME				2010/0	NAME				- ondigo		

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP