

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-11-2002 90702 036 ***158.75

DOCUMENT # P01000008759

1. Entity Name

STUART FAMILY RENTAL PROPERTIES, INC.

STUART HOLIDAYS RENTAL AND SECURITY INC.

Principal Place of Business

Mailing Address

6443 S HANCOCK ROAD

6443 S HANCOCK ROAD

HOMOSASSA FLORIDA 34448-5018

HOMOSASSA FLORIDA 34448-5018

2. Principal Place of Business

6443 S HANCOCK RD

Suite, Apt. #, etc.

NONE APPLICABLE

City & State

HOMOSASSA FLORIDA

Zip

34448-5018

Country

USA

6. Name and Address of Current Registered Agent

MORGAN, TIGBY

2001 RINGBROOK BLVD, SUITE D-148

SARASOTA FL 34237

6443 S HANCOCK ROAD

HOMOSASSA FLORIDA 34448-5018

Name

IAN D STUART

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

6443

SOUTH HANCOCK ROAD

City

HOMOSASSA

FL

Zip Code

34448

4. FEI Number 65-1076239

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

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.

SIGNATURE

Jan Stuart

04-02-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: MR
 NAME: IAN STUART
 STREET ADDRESS: 6443 S HANCOCK ROAD
 CITY-ST-ZIP: HOMOSASSA FLORIDA 34448-5018

☒ Delete

TITLE: MR
 NAME: IAN STUART
 STREET ADDRESS: 2603 SAND HILL ROAD
 CITY-ST-ZIP: DAVENPORT FL 33837

☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
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☐ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

☐ Change ☐ Addition

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.

SIGNATURE:

Jan Stuart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-02 863-420-4072

Date

Daytime Phone

CR2E034 (9/01)