

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State
 02-17-2002 90091 032 ***150.00

DOCUMENT # P01000058628

1. Entity Name
STEWART ENTERPRISES, INC.

Principal Place of Business

~~2101 HWY 390 NO 624~~
~~LYNN HAVEN FL 32444~~

Mailing Address

~~2101 HWY 390 NO 624~~
~~LYNN HAVEN FL 32444~~

2. Principal Place of Business

13206 Front Beach Rd
 Suite, Apt. #, etc.

3. Mailing Address

13206 Front Beach Rd
 Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip
32407

Country
USA

City & State

Panama City Beach, FL

Zip
32407

Country
USA

4. FEI Number

59-3723053

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, WILLIAM M

~~2101 HWY 390 NO 624~~

~~LYNN HAVEN FL 32444~~

13206 Front Beach Rd
Panama City Beach, FL
32407

7. Name and Address of New Registered Agent

Name **Sharon C. Stewart**

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

13206 Front Beach Rd

City **Panama City Beach**

FL

Zip Code **32407**

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 **Sharon C. Stewart, Pres.**

DATE **1/15/02**

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	President	<input type="checkbox"/> Delete
NAME	Sharon C. Stewart	
STREET ADDRESS	13206 Front Beach Rd	
CITY-ST-ZIP	Panama City Beach, FL 32407	
TITLE	Vice Pres., Sec. & Treas.	<input type="checkbox"/> Delete
NAME	William M. Stewart	
STREET ADDRESS	13206 Front Beach Rd	
CITY-ST-ZIP	Panama City Beach, FL 32407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Sharon C. Stewart, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/02
(850) 233-7727

CR2E034 (9/01)