

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90089 030 \*\*\*150.00

**DOCUMENT # P01000086236**

1. Entity Name  
**JIM STEWART TRUCKING INC.**

Principal Place of Business

11854 SW 13 CT  
 DAVIE FL 33325

Mailing Address

11854 SW 13 CT  
 DAVIE FL 33325

B0136171



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650934156

Applied For

Not Applicable

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, JIM  
 11854 SW 13 CT  
 DAVIE FL 33325

Name

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

City

FL

Zip Code

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME *Vice President*  
 STREET ADDRESS *Debra Stewart*  
 CITY-ST-ZIP *11854 SW 13 CT*  
*DAVIE FL 33325*

TITLE ☐ Change ☒ Addition  
 NAME *Vice President / T/S*  
 STREET ADDRESS *Debra Stewart*  
 CITY-ST-ZIP *11854 SW 13 CT*  
*DAVIE FL 33325*

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

*Debra Stewart*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/3/02*  
 DATE

*954-473-0382*  
 TELEPHONE NUMBER

CR2E034 (4/02)

# Attachment

To Whom it May Concern:

PO1000086236

This is the first year Jim Stewart Trucking has been incorporated.

The enclosed Uniform Business Report is the first notice we have received to file. We were unaware that this is a requirement annually to be completed by May 1st.

Please accept the enclosed fee of \$150.<sup>00</sup>.

It is our full intention to remain in complete compliance moving forward.

Sincerely

Debra C Stewart

K.P. Jim Stewart Trucking, Inc.

Jim Stewart  
PRESIDENT