FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 19, 2002 8:00 am Secretary of State P09597 DOCUMENT # 1. Entity Name 08-19-2002 90127 031 \*\*\*158.75 STEWART LEASING COMPANY OF SOUTHWEST FLORIDA Mailing Address Principal Place of Business 13351 BRIDGEFORD AVENUE #36 13351 BRIDGEFORD AVENUE #36 **J / J & U U** BONITA SPRINGS FL 34135-3491 BONITA SPRINGS FL 34135-3491 US 3. Mailing Address 2. Principal Place of Business 21609 BELHAVEN WAY 21609 BELHAVEH DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 34-1277625 ESTERO Not Applicable ESTERO \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCMICHAEL, ROBERT W. Street Address (P.O. Box Number is Not Acceptable)
2/609 BELHAUST WAY 13351 BRIDGEFORD AVE #36 **BONITA SPRINGS FL 34135** 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible, 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 .12. OFFICERS AND DIRECTORS 11. TITLE TITLE PTD ☐ Defete MCMICHAEL, ROBERT W. NAME NAME 21609 BELHAUGH WAY 13351 BRIDGEFORD AVE #36 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34135 CITY-ST-ZIP ☐ Delete 21609 BELHAUSH WAY NAME MCMICHAEL, JOHANNA NAME STREET ADDRESS STREET ADDRESS 13351 BRIDGEFORD AVE #36 ESTERU FL 33928 CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34135** ☐ Addition -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME • STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 if 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: