## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P93000043634** Feb 16, 2000 8:00 am **Secretary of State** STEWART DUCT SYSTEMS, INC. 02-16-2000 90068 008 \*\*\*150.00 Principal Place of Business Mailing Address 4037 BRONCO RD. 4037 BRONCO RD. MIDDLEBURG FL 32068-3710 MIDDLEBURG FL 32068 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3185760 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEWART, TERRY J Street Address (P.O. Box Number is Not Acceptable) 4037 BRONCO ROAD MIDDLEBURG FL 32068 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. SIGNATURE (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE STEWART, TERRY J NAME NAME STREET ADDRESS STREET ADDRESS 4037 BRONCO RD. CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 Change ☐ Addition ☐ Delete TITLE TITLE STEWART, ROBIN L NAME STREET ADDRESS 4037 BRONCO RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P MIDDLEBURG FL 32068 Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [ ] Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date

Despired Phone #