

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90022 046 \*\*\*150.00

**DOCUMENT # P94000070370**

1. Entity Name

**STEWARDSHIP VENTURES, INC.**

Principal Place of Business

Mailing Address

**2836 S. ADAMS STREET  
TALLAHASSEE FL 32301**

**P OBOX 5708  
TALLAHASSEE FL 32314  
US**

2. Principal Place of Business

**2836 S. Adams St.**

Suite, Apt. #, etc.

3. Mailing Address

**1809 MICCOSUKEE COMMONS DR**

Suite, Apt. #, etc.

**#112**

City & State

**Tallahassee FL**

City & State

**TALLAHASSEE FL**

Zip

**32301**

Country

**Leon**

Zip

**32308**

Country

**LEON**

4. FEI Number

**59-3269516**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, J. BRIAN  
3257 BLACK GOLD TRAIL  
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

**Donna Morris**

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

**1809 Miccosukee Commons Dr**

**Suite #112**

City

**Tallahassee**

**FL**

Zip Code

**32308**

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

*Donna Morris*

**DONNA MORRIS**

**4-11-2**

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 \$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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORRIS, J. BRIAN</b>	
STREET ADDRESS	<b>3257 BLACK GOLD TRAIL</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, DONNA S</b>	
STREET ADDRESS	<b>3257 BLACK GOLD TRAIL</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>morris, Donna S.</b>	
STREET ADDRESS	<b>1809 miccosukee Commons Dr</b>	
CITY-ST-ZIP	<b>Suite 112 Tallahassee, FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FORTSON JR, T.C.</b>	
STREET ADDRESS	<b>1809 miccosukee Commons Dr.</b>	
CITY-ST-ZIP	<b>Suite 112 Tallahassee, FL 32308</b>	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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:

*Donna Morris (Donna Morris)*

**4-11-2**

**850-847-9276**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #