2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P95000062866 STEWART - HAWES, INC. 04-05-2001 90065 041 ***150.00 Mailing Address Principal Place of Business 4061 TYNDEL CREEK COURT 4061 TYNDEL CREEK COURT JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 939260 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3328295 Not Applicable Zip Country Country \$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 STEWART, JEFFREY P Street Address (P.O. Box Number is Not Acceptable) 4061 TYNDEL CREEK COURT JACKSONVILLE FL 32223 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 OFFICERS AND DIRECTORS 12. Change ☐ Addition X Delete TITLE TITLE HAWES, WILBURN T NAME NAME **4061 TYNDEL CREEK COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP ۷D ☐ Change ☐ Addition ☐ Delete TITLE STEWART, JEFFREY P NAME NAME **4061 TYNDEL CREEK COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP ☐ Addition TITLE ~ ☐ Delete ~ ~ -TITLE = PRICE-HAWES, BARBARA NAME NAME **4061 TYNDEL CREEK COURT** STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 others are powered.

SIGNATURE: SIGNATURE: STEWART 3/14/01 (904) 260-1844