Phrtopial Place of Business Maling Address 41 SM EAGER AVE STUART R 4500 TURN R 45 000 TURN R 45 0	2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000078491 1. Entity Name STUART PROPERTIES, INC.				FILED Apr 11, 2000 8:00 am Secretary of State 04-11-2000 90239 036 ***150.00			
Suite Apr. +. etc. Suite Apr. +. etc. DU KA Apr. +. etc. DU KA Apr. +. etc. City & State City & State Applied Tor. More Applied Tor. City & State Country Zip Country S. Certificate of takan Desired SS. 73 Addition 20 Country Zip Country S. Certificate of takan Desired SS. 73 Addition 49 SW. FLACEER NALE. State Apr. +. Name and Address of New Registered Agent Name JUERR, JOSEPH D Hard Address of New Registered Agent Name Name JUERR, JOSEPH D Hard Address of New Registered Agent Name Name State Address (TO: Dax Number is Not Acceptable) State Address (TO: Dax Number is Not Acceptable) State Address (TO: Dax Number is Not Acceptable) 49 SW. FLACEER NALE Dioterna Address (TO: Dax Number is Not Acceptable) Orf State Address (TO: Dax Number is Not Acceptable) 30 Address (TO: Dax Number is Not Acceptable) Date Address (TO: Dax Number is Not Acceptable) Orf Address (TO: Dax Number is Not Acceptable) 31 Address (TO: Dax Number is Not Acceptable) Date Address (TO: Dax Number is Not Acceptable) Orf Address (TO: Dax Number is Not Acceptable) 31 Address (TO: Dax Number is Not Address (TO: Dax Number is Not Acceptable) Date Address (TO: Date Number is Not Acceptable) Orf 32 Address (TO: Date Nu	49 S.W. FLAGLE STE 😂 54	ÊR AVE.	49 S.W. FLAGLER AVE. STE 202				819: 110: 1881	
City & State City	2. Principal Place of Business 3. Mai		3. Mailing Address	Mailing Address				
Zip Country Zip Country Sort Status March Application 2/p Country 2/p Country 6. Certificate of Status Desired Status Des	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
	City & State		City & State		4. FEI Number 65-0619	1000		
DUERR, JOSEPH D 49 S.W. PLACER AVE. STERM 7.A STUART R. 34994 Street Address (FO. Box Number is Not Acceptable) Bited Address (FO. Box Number is Not Acceptable) Street Address (FO. Box Number is Not Acceptable) Street Address (FO. Box Number is Not Acceptable) Street Address (FO. Box Number is Not Acceptable) Street Address (FO. Box Number is Not Acceptable) FL Street Address (FO. Box Number is Not Acceptable) FL Street Address (FO. Box Number is Not Acceptable) FL Street Address (FO. Box Number is Not Acceptable) City Street Address (FO. Box Number is Not Acceptable) City Street Address (FO. Box Number is Not Acceptable) OVE Street Address (FO. Box Number is Not Acceptable) OVE Street Address (FO. Box Number is Not Acceptable) OVE Street Address (FO. Box Number is Not Acceptable) OVE Street Address (FO. Box Number is Not Acceptable) OVE Street Address (FO. Box Number is Not Acceptable) OVE Street Address (FO. Box Number is Not Acceptable) OVE Street Address (FO. Box Number is Not Acceptable) OVE Street Address (FO. Box Number is Not Acceptable) OVE Street Address (FO. Box Number is Not Acceptable) Street Address (FO. Box Number is Not Acceptable) Street Address (FO. Box Number is Not Acceptable) Intet Not Number is Not Acceptable) <t< td=""><td>Zip</td><td>Country</td><td>Zip</td><td>Country</td><td>5. Certificate of Status Desir</td><td></td><td></td></t<>	Zip	Country	Zip	Country	5. Certificate of Status Desir			
DUERR, JOSEPH D 49 S.W. FLACER AKE. STUART FL 34994 Street Address (PO. Box Number is Not Adceptable) City FL Zip Codd a. The above named entity submits this sitelement for the purpose of changing its replatered affice or registered agent, or both, in the State of Florida Duff SCMATURE Evalue types atomits this sitelement for the purpose of changing its replatered affice or registered agent, or both, in the State of Florida Duff SCMATURE Evalue types atomits this sitelement for the purpose of changing its replatered agent active atomits minimal Duff The above named entity submits this sitelement for the purpose of changing its replatered agent active atomits minimal Duff SCMATURE Evalue types atomits the sitelement for the purpose of changing its replatered agent active atomits minimal Duff Street Address Street Agents Street Agents Street Agent		6. Name and Address of Curren	t Registered Agent		7. Name and Address of N	ew Registered Agent		
City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florda State Diff SIGNATURE FILE HOWITH FEE (S \$150.00 Make Check Psyable to Department and elects to do so. (See criteria on back) Diff Diff 11. FILE HOWITH FEE (S \$150.00 Make Check Psyable to Department of State 10. Election Compaging Financing Trust Fund Contribution \$5,00 May Be Addet to Fees 11. PO OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS 13. Election Compaging Financing Trust Fund Costs Addition MMK STRET ADDRSS DUER, JOSEPH D Intel Make Intel Addition Intel Make Intel Addition Intel Make Intel Addition MMK STRET ADDRSS TO Delete The STRET ADDRSS Intel Addition Intel Make Intel Addition MMK STRET ADDRSS TO Intel Make Intel Addition Intel Make Intel Make<								
SIGNATURE Information is englished agent and tils 4 apploide InfOTE: Registered Agent structured when information; InfoTE: Registered Agent structured whenin information;				City		FL Zip Co	de	
PD Defete TTLE Change Addition NAME DUERR, JOSEPH D Intre Intre Intre Intre Addition NAME STRET ADDRESS Intre Intr	Tax filing r (See criter	requirement and elects to do so.	After MAY 1, 20 Make Check Payab	00 Fee will be \$550.00 le to Department of S	Trust Fund Contrit	oution. Li Adde	ed to Fees	
TILE STD Delete TTLE Change Addition NMME GILLIES, CLARK STRET ADDRESS STRET ADDRESS CTTLE NAME STRET ADDRESS 31 STONYWELL CT STRET ADDRESS CTTLE Change Addition NAME Dix HiLLS NY 11746 CT Change Addition NAME Dix HiLLS NY 11746 CT CTTLE Addition NAME Delete TTLE CTL CTL CTL Addition NAME STRET ADDRESS CTL <	TITLE NAME STREET ADDRESS	PD Duerr, Joseph D 10400 Whooping Crane Wa	Delete	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO		Addition	
TITLE Delete TTLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition ITLE Delete TTLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition ITLE Delete TTLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition ITLE Delete TTLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ITLE Delete TTLE CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ITLE Delete TTLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP <td>TITLE NAME STREET ADDRESS</td> <td>STD GILLIES, CLARK 31 STONYWELL CT</td> <td>Delete</td> <td>TITLE NAME STREET ADDRESS</td> <td></td> <td>Change</td> <td>Addition</td>	TITLE NAME STREET ADDRESS	STD GILLIES, CLARK 31 STONYWELL CT	Delete	TITLE NAME STREET ADDRESS		Change	Addition	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITLE ITLE Delete NAME STREET ADDRESS CITY-ST-ZIP Change ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IT3. 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 Ch	NAME Street address		Delete	NAME STREET ADDRESS ~ - =*		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE Delete TITLE STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP I3. 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:	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS		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.) 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:	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS		Change	Addition	
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.	NAME Street Address		Delete	NAME STREET ADDRESS		Change	Addition	
	indicated of the cor changed	on this report or supplemental report poration or the receiver or trustee em , or on an attachment with an address	is true and accurate and that n powered to execute this report , with all other like empowered.	ny signature shall have th as required by Chapter 6	ne same legal effect as if made un 307, Florida Statutes; and that my	Ider oath; that I am an office name appears in Block 11	er or director	