

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022082

1. Entity Name

STEWART & ASSOCIATES MANUFACTURING CORPORATION

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90249 026 ***150.00

Principal Place of Business

4639 NW 6TH STREET
B
GAINESVILLE FL 32609
US

Mailing Address

4639 NW 6TH STREET
B
GAINESVILLE FL 32609
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3366937**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE & MUTCH, P.A.
708 NW 8TH AVE
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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

Signature of person who is changing registered agent and title (Applicable)

(NOTE: Registered Agent Signature must be on when registered)

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, 2001 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	D	☐ Delete
NAME	STEWART, WILLIAM H	
STREET ADDRESS	RT 1, BOX 322-A	
CITY-STATE-ZIP	MICANOPY FL 32667	
TITLE	D	☐ Delete
NAME	GOOD, PAUL E	
STREET ADDRESS	1411 NW 51ST TERR	
CITY-STATE-ZIP	GAINESVILLE FL 32605	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NEW

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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.

WILLIAM H. STEWART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 (352) 338-9967

CR2E034 (10.00)