AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095105

1. Entity Name

STUART HOLDINGS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
00 OCT 17 AM 9:20

Principal Place of Business

Mailing Address

2. Principal Place of Business
2504 SEEWilloughby Blvd
Suite, Apt. #, etc.
City & State
Stuart, FL
Zip 34994 Country USA

3. Mailing Address
PO Box 3
Suite, Apt #, etc.
City & State
Stuart, FL
Zip 34995 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1042274
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

Jeffrey D. Chamberlin
2504 SE Willoughby Boulevard
Stuart, FL 34994

7. **Name and Address of New Registered Agent**

Name

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

City **FL** 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, 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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	Jeffrey D. Chamberlin	
STREET ADDRESS	461 SW Pine Tree Lane	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	D	☒ Delete
NAME	Bryan A. Poston, Jr.	
STREET ADDRESS	5121 Burning Tree CIrcle	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, D	☐ Change ☒ Addition
NAME	Kelley Rae Russitano	
STREET ADDRESS	1390 Rivergreen Circle	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	900003440309--8	
CITY-ST-ZIP	-10/26/00--01049--024	
TITLE	*****61.25 *****61.25	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	10/24	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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. 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: Kelley Rae Russitano/Kelley Rae Russitano 10/3/00 (561)220-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #