## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 22, 2002 8:00 am Secretary of State DOCUMENT # P96000099409 1. Entity Name 03-22-2002 90059 022 \*\*\*158.75 JEFFERY STEWART CORP. Principal Place of Business Mailing Address 1323 SE 17TH ST 1323 SE 17TH ST SUITE 105 SUITE 105 FT LAUDERDALE FL 33316-1778 FT LAUDERDALE FL 33316-1778 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0717337 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVID\_M GAYNES, ESQUIRE STEWART-DAVID Street Address (P.O. Box Number is Not Acceptable) 7153 Catania Unive 1323 SE 17TH ST SUITE 105 FT LAUDERDALE FL 33316-1778 Boynton Beach 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 DAVID M. GAYNES, ESQUIRE 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, 2002 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete NAME STEWART, DAVID NAME STREET ADDRESS 1323 SE 17TH ST SUITE 105 STREET ADDRESS FT LAUDERDALE FL 33316-1778 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 of rustee 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.

**FILED** 

3/1/2002 801-2712

DAVID STEWART