

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000101392**1. Entity Name
STEWARDSHIP GROWTH ASSOCIATES, INC.

Principal Place of Business

2700 N. PENINSULA AVENUE #331

NEW SMYRNA BEACH
32169

FL

Mailing Address

2700 N. PENINSULA AVENUE #331

NEW SMYRNA BEACH
32169

FL

2. Principal Place of Business

2138 VILLA WAY

3. Mailing Address

2138 VILLA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEW SMYRNA BEACH

FL

City & State

NEW SMYRNA BEACH

FL

Zip

32169

Country

Zip

32169

Country

4. FEI Number

59-3415214

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FLANDERS ERNEST W
2700 N. PENINSULA AVENUE #331NEW SMYRNA BEACH
32169

FL

7. Name and Address of New Registered Agent

Name

FLANDERS ERNEST W

Street Address (P.O. Box Number is Not Acceptable)
2138 VILLA WAY

City

NEW SMYRNA BEACH

FL

Zip Code
32169

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 _____ 03/23/2001

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 \$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 FLANDERS MARIANNE
STREET ADDRESS 2700 N. PENINSULA AVENUE #331
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169TITLE D ☐ Delete
NAME FLANDERS ERNEST W
STREET ADDRESS 2700 N. PENINSULA AVENUE #331
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME FLANDERS MARIANNE
STREET ADDRESS 2138 VILLA WAY
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169TITLE D ☒ Change ☐ Addition
NAME FLANDERS ERNEST W
STREET ADDRESS 2138 VILLA WAY
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Ernest W. Flanders

Pres

03/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)