2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008648

1. Entity Name
STEWART L. KRUG, P.A.

Principal Place of Business
609 COURT STREET
CLEARWATER FL 33756

Mailing Address
609 COURT STREET
CLEARWATER FL 33756

90006379

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. # STEWART L KRUG P.A. 1545 S. BELCHER RD.	Suite, Apt. STEWART L KRUG P.A. 1545 S. BELCHER RD.
City & St CLEARWATER, FL 33764 727-536-7667	City & St CLEARWATER, FL 33764 727-536-7667
Zip	Zip

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3428290 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRUG, STEWART L
609 COURT STREET
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

Name: STEWART L KRUG P.A.

Street Address (P.O. Box Number is Not Acceptable): 1545 S. BELCHER RD.
CLEARWATER, FL 33764
727-536-7667

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)

DATE 1/17/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS	☐ Delete	TITLE DPS STEWART L KRUG P.A. 1545 S. BELCHER RD. CLEARWATER, FL 33764 727-536-7667	☑ Change	☐ Addition
NAME	KRUG, STEWART L		NAME		
STREET ADDRESS	609 COURT STREET		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Pres 1/17/03 727 536 7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #