

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034713

1. Entity Name

GIL STEWART, INC.

FILED

00 MAY -17 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

POST OFFICE BOX 675
PERRY FL 32348

POST OFFICE BOX 675
PERRY FL 32348-0675

2. Principal Place of Business

Gladys Valentine Road
Suite, Apt. #, etc.
POB 100

3. Mailing Address

Office POB 675
Suite, Apt. #, etc.

City & State
Steinhatchee, FL

City & State
Perry, FL

Zip
32359 Country

Zip
32348 Country
Taylor

4. FEI Number
59-3442365

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, GILBERT
GLADYS VALENTINE ROAD
~~STEINHATCHEE FL 32359~~

Name

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

Gladys Valentine Road

City
Steinhatchee

FL

Zip Code
32359

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	STEWART, GILBERT	
STREET ADDRESS	POST OFFICE BOX 675 N/A	
CITY- ST- ZIP	PERRY FL 32348	
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

GILBERT STEWART
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/00 (850) 838-7976
Date Daytime Phone #

KE

CR2E034 (9/99)