2001 ONITORM BUSINESS REPORT (UBR)							
DOCUMENT # P970000 98889							
S.M. Stewart Manufacturing,			tuc.	re. FILED		.ED	
Principal Place of Business Mailing Address		Mailing Address	-		01 AUG 22 PM 3: 06		
					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 3.		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Drive	DO NOT WRITE IN THIS SPACE		
City & State		Suite 220 City & State		4	4. FEI Number Applied For		
		Charlotte WC Zip Country			593479850	Not Applicable	
Zip	Country	28262	us A	-	Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. (	Name and Address of New Registered	Agent	
Marshall S. Harris 5029 Edgewater Dr. Orlando, FL 32810			Street		dress (P.O. Box Number is Not Acceptable)  1201 Hays Street		
			City	Talla	l. organa FL	Zip Code 3330 \	
8. The above pamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE Leberah O. Skipper Signature, typed or printed name of registered agent and studies applicable. (NOTE: Regist Asst in Secretary when reinstating)  Deborah D. Skipper S / 22/01							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Significant Services (See Criteria on back)  Make Check Payabi			550.00	<b>10.</b> Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
11.	OFFICERS AND D	DIRECTORS	12.	ΑΓ	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	Director -	□ Delete	TITLE	D1480	tor		
NAME	J. William Brandner		NAME	James	James C. Taylor		
STREET ADDRESS	DRESS 5029 Edgewater Drive		STREET ADDRESS	s 201 Mc Cullough prive, suite 220		Change Addition	
CITY-ST-ZIP	Orlando FL 32810		CITY-ST-ZIP	Cha	Charlotte Wc 28262		
TITLE '	Secretary	DS Delete	TITLE	Dive	ctor	Change X Addition	
NAME CIRCLI ADDRESS	marchall S. Harris	Ontive .	NAME STREET ADDRESS	Gill	Lunsford me callough Driv	ve. Suite 200	
STREET ADDRESS CITY-ST-ZIP	1 1 2 -		CITY-ST-ZIP	-,-,	Charlotte NC 28262		
TITLE	Treasurer	∑ Delete	TITLE			Change Addition	
NAME	Todal D. Thrashi	, v	NAME	Law	etary Ledbetter	_ , _	
STREET ADDRESS	5029 Edgewate	~ 04126	STREET ADDRESS	201	me Cullough pri	ve, 341/10 220	
CITY-ST-ZIP	Orignalo FL	<u> 32810                                    </u>	CITY-ST-ZIP		arlotte WC 2	.8262	
TITLE .		☐ Delete	TITLE			☐ Change ☐ Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	'	•		
TITLE		☐ Delete	TITLE	<del>                                     </del>	900004560	Auditton	
NAME			NAME		-08728711	111119901e	
STREET ADDRESS			STREET ADDRESS	1	****550.00	****550.00	
CITY-ST-ZIP			CITY-ST-ZIP			<u>-</u>	
TITLE	•	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME			NAME STREET ADDRESS				
STREET ADDRESS   CITY-ST-ZIP			CITY-ST-ZIP	'			
	portify that the information as a literal state.	this filing does not avalify to-		ated in Section	119 07(3)(i) Florida Statutes I further co	rtify that the information	
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.							
VI All Year Color Color Color Color Color							
SIGNAT	SIGNATURE AND TYPED OR PR	INTEGNAME OF SIGNING OFFICER O	R DIRECTOR	WN7101	Date	Daytime Phone #	