

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90174 045 ***158.75

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1. Entity Name

STEIN MART BUYING CORP.



Principal Place of Business

**1200 RIVERPLACE BLVD
JACKSONVILLE FL 32207**

Mailing Address

**1200 RIVERPLACE BLVD
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3481114

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202**

Name

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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STEIN, JAY						
	1200 RIVERPLACE BLVD						
	JACKSONVILLE FL 32207						
	D	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	WILLIAMS, JOHN H						
	1200 RIVERPLACE BLVD						
	JACKSONVILLE FL 32207						
	D	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	FISHER, MICHAEL						
	1200 RIVERPLACE BLVD						
	JACKSONVILLE FL 32207						
	D	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	DELFS, JAMES G						
	1200 RIVERPLACE BLVD						
	JACKSONVILLE FL 32207						
	D	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	HAWKINS, HUNT						
	1200 RIVERPLACE BLVD						
	JACKSONVILLE FL 32207						
	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

904 346 1500

Date

Daytime Phone #

CR2E034 (10/02)