

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000541

1. Entity Name  
STEWARDSHIP DIMENSIONS, INC.

R

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90059 004 \*\*\*150.00

Principal Place of Business  
501 W. NELSON AVE.  
DEFUNIAK SPRINGS FL 32433

Mailing Address  
PO BOX 1253  
DEFUNIAK SPRINGS FL 32435

AUG 17 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3491308

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

COSGROVE, S.  
215 HWY 90 EAST  
CRESTVIEW FL 32539

Name DAVID R. JOHNSON  
Street Address (P.O. Box Number is Not Acceptable)  
501 W NELSON Avenue  
City DeFuniak Spgs. FL Zip Code 32433

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 *David R. Johnson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-07-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 D  
NAME COSGROVE, S.  
STREET ADDRESS 215 HWY 90 EAST  
CITY-ST-ZIP CRESTVIEW FL 32539 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME OLIVE, ALICE JO  
STREET ADDRESS 100 BROOKSHIRE LANE  
CITY-ST-ZIP PALHEM AL 35124 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Alice Olive*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-2000

Date

205620-3384

Daytime Phone #

CR2E034 (5/00)

**DAVID R. JOHNSON, CPA**

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CERTIFIED PUBLIC ACCOUNTANT

P. O. BOX 1253, 501 W. NELSON AVE.

DEFUNIAK SPRINGS, FL. 32433

PHONE (904) 892-2752

FAX (904) 892-6110

Attachment  
# P9800000541  
ADOT7497

September 7, 2000

Divisions of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs:

Stewardship Dimensions did not receive prior notification of this report.  
Please waive all penalties and fees. Enclosed is a check for \$150.00.  
Thank you for giving this your attention.

Sincerely,



David R. Johnson

jc/enc.