

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063381

1. Entity Name
STUART BUILDERS, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90215 004 ***150.00

Principal Place of Business
**3006 95TH DR., E.
PARRISH FL 34219**

Mailing Address
**3006 95TH DR., E.
PARRISH FL 34219**



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 **65-0852440**

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

**STUART, DONALD J
3006 95TH DR., E.
PARRISH FL 34219**

Name **STUART, Donald J**
Street Address (P.O. Box Number is Not Acceptable)*
4226 Coquing Circle
Bradenton
City **Bradenton** FL Zip Code **34208**

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 _____ (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, 2001 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	D <input type="checkbox"/> Delete
NAME	STUART, JULIET S
STREET ADDRESS	3006 95TH DR., E.
CITY-ST-ZIP	PARRISH FL 34219
TITLE	D <input type="checkbox"/> Delete
NAME	STUART, DONALD J
STREET ADDRESS	3306 95TH DR E
CITY-ST-ZIP	PARRISH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, Juliet S-
STREET ADDRESS	4226 Coquing Circle
CITY-ST-ZIP	Bradenton, FL 34208
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, Donald J.
STREET ADDRESS	4226 Coquing Circle
CITY-ST-ZIP	Bradenton FL 34208
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **J. Stuart** **J. Stuart**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01 **941-748-2608**
Date Daytime Phone #

CR2E034 (10/00)