

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000038442

1. Entity Name
PAMELA STEWART, P.A.

Principal Place of Business
 11983 TAMiami TRAIL N
 SUITE 125
 NAPLES FL 34110

Mailing Address
 11983 TAMiami TRAIL N
 SUITE 125
 NAPLES FL 34110

2. Principal Place of Business
 11983 TAMiami TRAIL N

3. Mailing Address
 11983 TAMiami TRAIL N

Suite, Apt. #, etc.
 SUITE 136

Suite, Apt. #, etc.
 SUITE 136

City & State
 NAPLES FL

City & State
 NAPLES FL

Zip Country
 34110

Zip Country
 34110

4. FEI Number
65-0915255

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART PAMELA
 11983 TAMiami TRAIL NORTH
 SUITE 125
 NAPLES FL 34110

Name
 STEWART PAMELA

Street Address (P.O. Box Number is Not Acceptable)
 11983 TAMiami TRAIL NORTH

SUITE 136

City
 NAPLES FL Zip Code
 34110

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 **PAMELA STEWART**

05/01/2001

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, 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
 NAME STEWART PAMELA Delete
 STREET ADDRESS 11983 TAMiami TRAIL N., STE 125
 CITY-ST-ZIP NAPLES FL 34110

TITLE
 NAME STEWART PAMELA Change Addition
 STREET ADDRESS 11983 TAMiami TRAIL N., STE 136
 CITY-ST-ZIP NAPLES FL 34110

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 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: **Pamela Stewart**

Pres **05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)