

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045200

1. Entity Name
J. BENTON STEWART II, P.A.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91599 036 ***550.00

Principal Place of Business

2112 VENUS STREET
TAMPA FL 33629

Mailing Address

2112 VENUS STREET
TAMPA FL 33629

552565

2. Principal Place of Business

3825 Henderson Blvd.
Suite, Apt. #, etc.
504

3. Mailing Address

P.O. Box 18246
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL

City & State
Tampa

4. FEI Number 59-3576263

Applied For
Not Applicable

Zip 33629 Country USA

Zip FL Country 33629-8246

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

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER FL 33756

Name Stephanie J. Stewart, Esq.
Street Address (P.O. Box Number, is Not Acceptable)
101 E. Kennedy Blvd.
Suite 3140
City Tampa FL Zip Code 33602

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 *Stephanie J. Stewart*

(NOTE: Registered Agent signature required when reinstating)

4/17/01
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
NAME STEWART, J. BENTON II ☐ Delete
STREET ADDRESS ~~2112 VENUS STREET~~ 3825 Henderson Blvd.
CITY-ST-ZIP TAMPA FL 33629 SR. 504

TITLE President ☒ Change ☐ Addition
NAME J. Benton Stewart, II
STREET ADDRESS 3825 Henderson Blvd., Ste. 504
CITY-ST-ZIP Tampa, FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/17/01 (813) 354-6446
Date Daytime Phone #

CR2E034 (10/00)