

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90012 042 \*\*\*150.00

**DOCUMENT #** P99000057594 ✓  
1. Entity Name  
STEWART DRIVER SERVICES, INC.

Principal Place of Business Mailing Address  
4052 PELICAN ROAD 4052 PELICAN RD  
JACKSONVILLE FL 32207 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 59-3584795 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00034190

6. Name and Address of Current Registered Agent  
CONRAD H. STEWART  
4052 PELICAN ROAD  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent  
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.

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) ☒  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PRESIDENT CONRAD STEWART 4052 PELICAN ROAD JACKSONVILLE FL 32207  
Delete  
Delete  
Delete  
Delete  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
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: 4-16-00 904-739-9157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CONRAD H. STEWART Daytime Phone #

CR2E034 (9/99)