

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082303

1. Entity Name

STEWART, STEWART & WEAVER, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90009 013 ***150.00

Principal Place of Business

8728 COUNTRY ROAD 2301
YOUNGSTOWN FL 32466

Mailing Address

PO BOX 237
LYNN HAVEN FL 32444-0237

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEL Number

59-3599297

Applied For

Not Applicable

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

STEWART, GABE W III
8728 COUNTRY ROAD 2301
YOUNGSTOWN FL 32466

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

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, 2000 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	GABE W. STEWART III	
STREET ADDRESS	8728 COUNTRY ROAD 2301	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	V. PRESIDENT	<input type="checkbox"/> Delete
NAME	G W STEWART JR	
STREET ADDRESS	8728 COUNTRY RD 2301	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
TITLE	Sec/Treas	<input type="checkbox"/> Delete
NAME	JAMES W. WEAVER JR	
STREET ADDRESS	8728 COUNTRY ROAD 2301	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2000 (850) 722-4556

Date

Daytime Phone #

CR2E034 (9/99)