2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

DOCUMENT # P99000103549 Aug 31, 2000 8:00 am Secretary of State 1:-Entity Name STEWART & ASSOCIATES CUSTOM HOME BUILDER, INC. 08-31-2000 90001 005 ***550.00 Principal Place of Business Mailing Address 2505 STATE ROAD 60 EAST 2505 STATE ROAD 60 EAST VALRICO FL 33594 VALRICO FL 33594 0000400 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ⊂Name STEWART, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2505 STATE ROAD 60 EAST VALRICO FL 33594 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PSTD ☐ Addition ☐ Change TITLE TfTI.E Delete STEWART, RICHARD NAME NAME STREET ADDRESS 2505 STATE ROAD 60 EAST STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE STEWART, JEANNE NAME NAME 2505 STATE ROAD 60 EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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