

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90400 040 ***150.00

DOCUMENT # S28915

1. Entity Name
JAMES C. STEWART, JR., ATTORNEY AT LAW, A PROFES

Principal Place of Business 2121 COLLIER BLVD SUITE 101 GOLDEN GATE FL 34116-6543 US	Mailing Address 2121 COLLIER BLVD SUITE 101 GOLDEN GATE FL 34116-6543 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11925 Collier Blvd Suite, Apt. #, etc.	3. Mailing Address 11925 Collier Blvd Suite, Apt. #, etc. 101
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City & State	City & State	4. FEI Number 65-0239072	Applied For Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STEWART, JR., JAMES C 2121 COLLIER BLVD SUITE 101 GOLDEN GATE FL 34116		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11925 Collier Blvd. City FL Zip Code	
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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: **5/1/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD <input type="checkbox"/> Delete STEWART, JAMES C., JR. STE. 101, 2121 COUNTY ROAD 951 GOLDEN GATE FL 34116-6543	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11925 Collier Blvd #101 Golden Gate, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Date: **5/1/01** Daytime Phone #

CR2E034 (10/00)