

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90118 031 ***150.00

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DOCUMENT # S28915

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



Principal Place of Business
**9180 GALLERIA COURT
SUITE 700
NAPLES FL 34109
US**

Mailing Address
**9180 GALLERIA COURT
SUITE 700
NAPLES FL 34109
US**



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 **65-0239072**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, JR., JAMES C
11925 COLLIER BLVD
SUITE 101
GOLDEN GATE FL 34116**

Name
James C. Stewart, Jr.
Street Address (P.O. Box Number is Not Acceptable)
**9180 Galleria Court
Suite 700**
City
Naples, FL Zip Code
34109

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James C. Stewart, Jr.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
STEWART, JAMES C., JR.
11925 COLLIER BLVD SUITE 101
GOLDEN GATE FL 34116-6543** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
James C. Stewart, Jr.
9180 Galleria Ct., Ste 700
Naples, FL 34120** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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

1/20/03

(239) 594-1800

Daytime Phone #

CR2E034 (10/02)