

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

05/6510

DOCUMENT # F96000005662

1. Entity Name

PAYNE STEWART ENTERPRISES, INC.

03-06-2001 90306 045 ***150.00

Principal Place of Business

Mailing Address

% NATIONAL CORPORATE RESEARCH, LTD.
 9 EAST LOCKERMAN STREET
 DOVER DE 19901

% NATIONAL CORPORATE RESEARCH, LTD.
 9 EAST LOCKERMAN STREET
 DOVER DE 19901

816856



2. Principal Place of Business

% NATIONAL CORPORATE RESEARCH, LTD.

3. Mailing Address

% NATIONAL CORPORATE RESEARCH, LTD.

Suite, Apt. #, etc.

615 S. DUPONT HWY

Suite, Apt. #, etc.

615 S. DUPONT HWY

City & State

DOVER, DE

City & State

DOVER, DE

4. FEI Number

52-1348499

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

19901-4517

Country

U.S.

Zip

19901-4517

Country

U.S.

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

JOHNSON, LORAN A ESQUIRE
 LOWNDES, DROSDICK, DOSTER, KANTOR & REED
 215 NORTH EOLA DRIVE
 ORLANDO FL 32801

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, 2001 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: **SD** Delete
 NAME: **STEWART, ANASTASIA T**
 STREET ADDRESS: **9209 CHARLES E. LIMPUS ROAD**
 CITY-ST-ZIP: **ORLANDO FL 32836**

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

TITLE: Delete
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 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:

Anastasia T Stewart
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/28/01

Daytime Phone #

CR2E034 (10/00)