

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90158 007 \*\*\*150.00

STATE  
AM

**DOCUMENT # F96000005662**

1. Entity Name  
**PAYNE STEWART ENTERPRISES, INC.**



Principal Place of Business  
C/O NATIONAL CORPORATE RESEARCH, LTD.  
615 DUPONT HWY  
DOVER DE 19901-4517

Mailing Address  
C/O NATIONAL CORPORATE RESEARCH, LTD.  
615 DUPONT HWY  
DOVER DE 19901-4517



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

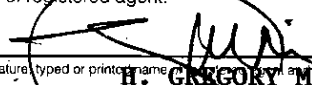
6. Name and Address of Current Registered Agent  
**JOHNSON, LORAN A ESQUIRE  
LOWNDES, DROSDICK, DOSTER, KANTOR & REED  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

4. FEI Number **52-1348499**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
**MCNEILL, GREGORY H.**  
Street Address (P.O. Box Number is Not Acceptable)  
**215 NORTH EOLA DRIVE**  
City  
**ORLANDO** FL Zip Code  
**32801**

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  **H. GREGORY MCNEILL** (NOTE: Registered Agent signature required when reinstating) DATE **1/29/03**

**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

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, ANASTASIA T</b>	
STREET ADDRESS	<b>9718 CHESTNUT RIDGE DR</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

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:  **Anastasia E Stewart** DATE **1/23/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)