

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90356 027 ***150.00

DOCUMENT # 402858

1. Entity Name
FRANCIS STILLER & SONS, INC.

Principal Place of Business

2925 S W LAUREN WY
PALM CITY FL 34990
US

Mailing Address

2925 SW LAUREN WY
PALM CITY FL 34990
US

2. Principal Place of Business

3. Mailing Address

4205 S.W. 72nd Dr.

4205 S.W. 72nd Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Palm city,
Florida

Palm city
Florida

City & State

City & State

Zip

Country

Zip

Country

34990

USA

34990

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STILLER, BRUCE A
2925 SW LAUREN WAY
PALM CITY FL 34990

Name

Street Address (P.O. Box Number is Not Acceptable)

4205 S.W. 72nd Dr

Palm city

City

FL

Zip Code

34990

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

4/1/02

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, 2002 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 **PST** ☐ Delete
NAME **STILLER, BRUCE**
STREET ADDRESS **2925 SW LAUREN WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☒ Change ☐ Addition
NAME **STILLER, BRUCE**
STREET ADDRESS **4205 S.W. 72nd Dr**
CITY-ST-ZIP **Palm city, Fla 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/02

CP2E034 (9/01)