

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 493769**1. Entity Name  
**KEGEL & STILLI, INC.**

Principal Place of Business 1461 COMMERCE CENTRE PKWY  PORT ST. LUCIE FL 34986	Mailing Address 1461 COMMERCE CENTRE PKWY  PORT ST. LUCIE FL 34986
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2. Principal Place of Business 1461 COMMERCE CENTRE DRIVE	3. Mailing Address 1461 COMMERCE CENTRE DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PORT ST. LUCIE FL	City & State PORT ST. LUCIE FL
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Zip 34986	Country	Zip 34986	Country
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4. FEI Number <b>59-1674493</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****KEGEL THOMAS E**  
**1461 COMMERCE CENTRE PARKWAY**  
  
**PORT ST LUCIE FL 34986 US****7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ **01/19/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	STILLI DAVID	
STREET ADDRESS	4948 BIMINI RD	
CITY-ST-ZIP	JUPITER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KEGEL EILEEN H	
STREET ADDRESS	1461 COMMERCE CENTRE PARKWAY	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KEGEL MARY A	
STREET ADDRESS	2654 SW WESTLAKE CIR	
CITY-ST-ZIP	PALM CITY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KEGEL THOMAS E	
STREET ADDRESS	1461 COMMERCE CENTRE PARKWAY	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEGEL EILEEN H	
STREET ADDRESS	1461 COMMERCE CENTRE PARKWAY	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEGEL THOMAS E	
STREET ADDRESS	1461 COMMERCE CENTRE DRIVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
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		
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: Eileen Hennessy-Kegel****TD 01/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)