

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 541789

1. Entity Name

S.T.S., INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90005 011 \*\*\*150.00

Principal Place of Business

Mailing Address

6523 N BLACK CANYON HWY  
STE 100  
PHOENIX AZ 85015  
US

4440 PGA BOULEVARD  
SUITE 600  
PALM BEACH GARDENS FL 33410-6542  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6523 N. BLACK CANYON HWY  
Suite, Apt. #, etc.  
STE 100

City & State

City & State  
PHOENIX, AZ

Zip

Country

Zip

Country

85015

USA

4. FEI Number

59-1752192

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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	T	<input checked="" type="checkbox"/> Delete
NAME	BETLACH, DOUGLAS	
STREET ADDRESS	4440 PGA BOULEVARD, SUITE 600	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NIELSEN, STEVEN	
STREET ADDRESS	4440 PGA BLVD STE 600	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	
TITLE	S	<input type="checkbox"/> Delete
NAME	TILLER, MARC	
STREET ADDRESS	4440 PGA BOULEVARD, SUITE 600	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PLEDGER, THOMAS R.	
STREET ADDRESS	4440 PGA BOULEVARD, SUITE 600	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, LOUIS W J	
STREET ADDRESS	4440 PGA BOULEVARD, SUITE 600	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL BRADLEY	
STREET ADDRESS	6523 N. BLACK CANYON HWY	
CITY-ST-ZIP	PHOENIX, ARIZONA 85015	
TITLE	VICE PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIELSEN, STEVEN	
STREET ADDRESS	4440 PGA BLVD	
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)