2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
04-06-2001 90066 019 ***150.00

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DOCUMENT # F99000001197

1. Entity Name
STILES ENVIRONMENTAL TESTING, INC.

Principal Place of Business	Mailing Address
202 W. STATE ST. ~~#416~~ #502 ROCKFORD IL 61101	202 W. STATE ST. ~~#416~~ # 502 ROCKFORD IL 61101

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
202 W. STATE ST	202 W. State St
Suite, Apt. #, etc.: #502	Suite, Apt. #, etc.: #502
City & State: Rockford IL	City & State: Rockford IL
Zip: 61101 Country:	Zip: 61101 Country:

4. FEI Number 36-3823883 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STILES, RICHARD
1609 WAHOO LANE
PANAMA CITY FL 32408

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P STILES, DOUGLAS D 2220 HARLEM BLVD ROCKFORD IL 61103 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Douglas D Stiles pr 4-1-01 800-962-7961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #