

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90072 037 ***150.00

0356343

DOCUMENT # J77032

1. Entity Name

STILES-SOWERS CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

10265 TAMiami TRAIL NO
SUITE 7
NAPLES FL 33963
US

10265 TAMiami TRAIL NO
SUITE 7
NAPLES FL 33963
US

00033014

2. Principal Place of Business

233 Airport Road S

Suite, Apt. #, etc.

3. Mailing Address

233 Airport Road S

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

Naples, FL

4. FEI Number

59-2826089

Applied For

Not Applicable

Zip

Country

34104

USA

Zip

Country

34104

USA

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

**SEXTON, DAVID N.
1167 THIRD ST S
NAPLES FL 33940**

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 **PSTD** ☐ Delete
NAME **SOWERS, KEITH**
STREET ADDRESS **10265 TAMiami TRAIL NORTH SUITE 7**
CITY-ST-ZIP **NAPLES FL**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Sowers, Keith**
STREET ADDRESS **233 Airport Rd S**
CITY-ST-ZIP **Naples, FL 34104**

TITLE **VPD** ☐ Delete
NAME **SOWERS, J K**
STREET ADDRESS **10265 TAMiami TR, STE 7**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **VPO** ☒ Change ☐ Addition
NAME **KUKK, Julie Sowers**
STREET ADDRESS **233 Airport Rd S**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 #

CR2E034 (10/00)