

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90013 040 ***150.00

DOCUMENT # P00000043095

1. Entity Name

STYLES FINANCIAL SERVICES, INC.,

Principal Place of Business

Mailing Address

5358 JOHN YOUNG PARKWAY
 ORLANDO, FL 32839

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59 3642006

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STAILEY J STYLES

5358 JOHN YOUNG PARKWAY

ORLANDO, FLORIDA 32839

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 MONTHLY 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: PRESIDENT ☐ Delete
 NAME: STAILEY J STYLES 111
 STREET ADDRESS: 5358 john young pk OR FL 32839
 CITY-ST-ZIP:

TITLE: VICE PRESIDENT ☐ Delete
 NAME: MICHAEL E STYLES
 STREET ADDRESS: 5358 JOHN YOUNG PK OR FL 32839
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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

Day/Block/Print Name R

CR2E034 (11/00)

Attachment Doc # P00000043095

A0073245

STYLES INSURANCE FINANCIAL SERVICES INC.,

5358 JOHN YOUNG PARKWAY

ORLANDO FLORIDA 32839

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS

P O BOX 1500

TALLAHASSEE, FL 32302

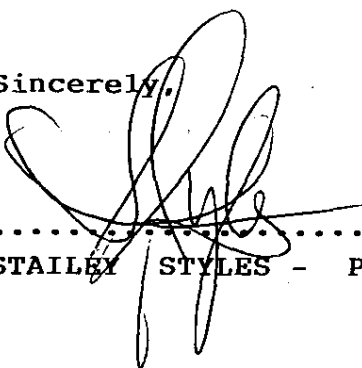
06/07/2001

TO WHOM IT MAY CONCERN

Our Corporation was effective on 06/06/2000 and our Office did not receive the Corporation Annual Report form.

I called the Department of Corporation on 06/06/2001 and was informed that I could download this form and then mail it in, also I requested that the late fee be waived because we did not get the form.

Sincerely,



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STAILEY STYLES - PRESIDENT