

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90076 035 \*\*\*150.00

**DOCUMENT # P00000047115**

1. Entity Name

**UNCLE PETE, INC.**

Principal Place of Business

**6400 N ANDREWS AVE  
FT LAUDERDALE FL 33309**

Mailing Address

**6400 N ANDREWS AVE  
FT LAUDERDALE FL 33309**

2. Principal Place of Business

**300 SE 2nd St.**

Suite, Apt. #, etc.

3. Mailing Address

**300 SE 2nd St.**

Suite, Apt. #, etc.

City &amp; State

**Ft. Lauderdale, FL**

City &amp; State

**Ft. Lauderdale, FL**

4. FEI Number

**65-1006800**

Applied For

Not Applicable

Zip

**33301**

Country

Zip

**33301**

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****DUKE, BRYAN W ESQ  
6400 N ANDREWS AVE  
FT LAUDERDALE FL 33309****7. Name and Address of New Registered Agent**Name **PATRICIA JONES**Street Address (P.O. Box Number is Not Acceptable)  
**c/o Stiles Corp.****300 SE 2nd St.**

City

**Ft. Lauderdale,****FL**Zip Code  
**33301**

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**TITLE **D** ☐ Delete  
NAME **STILES, TERRY W**  
STREET ADDRESS **6400 N ANDREWS AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33309**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **DP** ☒ Change ☐ Addition  
NAME **STILES, TERRY W.**  
STREET ADDRESS **300 SE 2nd St.**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**TITLE **VT** ☐ Change ☒ Addition  
NAME **STILES, TRESA**  
STREET ADDRESS **300 SE 2nd St.**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**TITLE **S** ☐ Change ☒ Addition  
NAME **TIDWELL, CARRIE**  
STREET ADDRESS **300 SE 2nd St.**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**TITLE **V** ☐ Change ☒ Addition  
NAME **FERRERA, ROCCO**  
STREET ADDRESS **300 SE 2nd St.**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Terry W. Stiles**

Date

954/627-9300

Daytime Phone #

CR2E034 (10/00)