## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 21, 2001 8:00 am Secretary of State DOCUMENT # P93000064412 STILES OUTDOOR POWER EQUIPMENT, INC. 03-21-2001 90021 004 \*\*\*150.00 Mailing Address Principal Place of Business 92 MONAHAN DR. 92 MONAHAN DR. FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32547 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3205135 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STILES, A L Street Address (P.O. Box Number is Not Acceptable) 92 MONAHAN DR. FT. WALTON BEACH FL 32547 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Delete Change TITLE TITLE STILES, A L NAME NAME STREET ADDRESS STREET ADDRESS 211 COSTAKI CT. CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL 32548 ☐ Addition ☐ Change TITLE TITLE ☐ Delete STILES, JEANETTE NAME NAME STREET ADDRESS 211 COSTAKI COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT WALTON BEACH FL 32548 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change - ☐ Addition -TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 expowered 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 order of the corporation of the cor

3-19-01 850-862-3156

**FILED** 

Date

Daytime Phone #