

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90063 043 ***150.00

DOCUMENT # P96000007490

1. Entity Name
VON STILLI CORORATION



Principal Place of Business
4948 BIMINI RD.
TEQUESTA FL 33469

Mailing Address
4948 BIMINI RD.
TEQUESTA FL 33469

90007358



2. Principal Place of Business
4518 WYNKOOP CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
4518 WYNKOOP CIRCLE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PORT CHARLOTTE FL
Zip
33948 Country
USA

City & State
PORT CHARLOTTE FL
Zip
33948 Country
USA

4. FEI Number **65-0748039**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STILLI, CAROL D
4948 BIMINI RD.
TEQUESTA FL 33469

Name

Street Address (P.O. Box Number is Not Acceptable)

4518 WYNKOOP CIRCLE

City

PORT CHARLOTTE

FL

Zip Code

33948

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
STILLI, CAROL D ☐ Delete
4948 BIMINI RD.
TEQUESTA FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
STILLI, DAVID L ☐ Delete
4948 BIMINI RD.
TEQUESTA FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
4518 WYNKOOP CIRCLE
PORT CHARLOTTE, FL 33948

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
4518 WYNKOOP CIRCLE
PORT CHARLOTTE, FL 33948

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID L. STILLI **1/14/03** **941-625-6540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)