

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90048 011 ***150.00

0249134

DOCUMENT # P96000018510

1. Entity Name

STILES - ELLIS, 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 & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

Zip

33301

Country

4. FEI Number

65-0648200

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DUKE, BRYAN W
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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	STILES, TERRY W	6400 N ANDREWS AVE	FT LAUDERDALE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VT	EAGON, DOUGLAS P	6400 N ANDREWS AVE	FT LAUDERDALE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	PALMER, STEPHEN R	6400 N ANDREWS AVE	FT LAUDERDALE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VS	JONES, PATRICIA	6400 N ANDREWS AVE	FT LAUDERDALE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	STINE, JAMES W	6400 N ANDREWS AVE	FT LAUDERDALE FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
V	DUKE, BRYAN W	6400 N ANDREWS AVE	FT LAUDERDALE FL	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	STILES, TERRY W.	300 SE 2nd St.	Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VT	EAGON, DOUGLAS P.	300 SE 2nd St.	Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
V	PALMER, STEPHEN R.	300 SE 2nd St.	Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VS	JONES, PATRICIA	300 SE 2nd St.	Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
V	STINE, JAMES W.	300 SE 2nd St.	Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
V	FERRERA, ROCCO	300 SE 2nd St.	Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
Patricia Jones

Date

2/21/01

Daytime Phone #

954/627-9300

CR2E034 (10/00)

Attachment

835389

UNIFORM BUSINESS REPORT

P960000 185 10

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	V	Addition
NAME:	O'SHEA, DENNIS F.	
STREET ADDRESS:	300 SE 2nd St.	
CITY-ST-ZIP:	Ft. Lauderdale, FL 33301	