

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90048 005 \*\*\*150.00

0249581

**DOCUMENT # P96000043595**

1. Entity Name

**STILES THIRD AVENUE, 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 STREET**

Suite, Apt. #, etc.

3. Mailing Address

**300 SE 2ND STREET**

Suite, Apt. #, etc.

City &amp; State

**FT. LAUDERDALE, FL**

Zip

**33301**

Country

City &amp; State

**FT. LAUDERDALE, FL**

Zip

**33301**

Country

4. FEI Number

**65-0669328**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DUKE, BRYAN  
C/O STILES CORPORATION  
6400 N ANDREWS AVENUE  
FORT 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 CORPORATION****300 SE 2ND STREET**

City

**FT. LAUDERDALE, FL****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	DP	<input type="checkbox"/> Delete
NAME	STILES, TERRY W	
STREET ADDRESS	6400 N. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	EAGON, DOUGLAS P	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PALMER, STEPHEN R	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STINE, JAMES W	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DUKE, BRYAN	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JONES, PATRICIA	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILES, TERRY W	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGON, DOUGLAS P.	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, STEPHEN R	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINE, JAMES W	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, PATRICIA	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRERA, ROCCO	
STREET ADDRESS	300 SE 2ND STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	

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

Daytime Phone #

CR2E034 (10/00)

Attachment

835395

UNIFORM BUSINESS REPORT

#P96000043595

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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