

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90048 010 \*\*\*150.00

0249174

**DOCUMENT # P97000033410**

1. Entity Name  
**STILES GROVE, INC.**

Principal Place of Business <b>6400 NORTH ANDREWS AVE          FT LAUDERDALE FL 33309</b>	Mailing Address <b>6400 NORTH ANDREWS AVE          FT LAUDERDALE FL 33309</b>
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2. Principal Place of Business <b>300 SE 2nd St.</b>	3. Mailing Address <b>300 SE 2nd St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Ft. Lauderdale, FL</b>	City & State <b>Ft. Lauderdale, FL</b>	4. FEI Number <b>65-0762668</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33301</b>	Country	Zip <b>33301</b>	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DUKES, BRYAN W ESQ.  
 6400 NORTH ANDREWS AVE  
 5TH FLOOR  
 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: *Patricia Jones*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
**Patricia Jones** DATE: **2/21/01**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STILES, TERRY W</b> <b>6400 NORTH ANDREWS AVE</b> <b>FT LAUDERDALE FL 33309</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>EAGON, DOUGLAS P</b> <b>6400 NORTH ANDREWS AVE</b> <b>FT LAUDERDALE FL 33309</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>JONES, PATRICIA</b> <b>6400 NORTH ANDREWS AVE</b> <b>FT LAUDERDALE FL 33309</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>STINE, JAMES W</b> <b>6400 NORTH ANDREWS AVE</b> <b>FT LAUDERDALE FL 33309</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>O'SHEA, DENNIS F</b> <b>6400 NORTH ANDREWS AVE</b> <b>FT LAUDERDALE FL 33309</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DUKE, BRYAN W</b> <b>6400 NORTH ANDREWS AVE</b> <b>FT LAUDERDALE FL 33309</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>STILES, TERRY W.</b> <b>300 SE 2nd St.</b> <b>Ft. Lauderdale, FL 33301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>EAGON, DOUGLAS P.</b> <b>300 SE 2nd St.</b> <b>Ft. Lauderdale, FL 33301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>JONES, PATRICIA</b> <b>300 SE 2nd St.</b> <b>Ft. Lauderdale, FL 33301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>STINE, JAMES W.</b> <b>300 SE 2nd St.</b> <b>Ft. Lauderdale, FL 33301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>O'SHEA, DENNIS F.</b> <b>300 SE 2nd St.</b> <b>Ft. Lauderdale, FL 33301</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FERRERA, ROCCO</b> <b>300 SE 2nd St.</b> <b>Ft. Lauderdale, FL 33301</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Patricia Jones*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Patricia Jones** DATE: **2/21/01** 954/627-9300  
 Daytime Phone #

CR2E034 (10/00)

Attachment

UNIFORM BUSINESS REPORT

835390

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 # P94000033410

TITLE:	V	Addition
NAME:	PALMER, STEPHEN R.	
STREET ADDRESS:	300 SE 2 <sup>nd</sup> St.	
CITY-ST-ZIP:	Ft. Lauderdale, FL 33301	