

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90076 030 ***150.00

DOCUMENT # P98000098192

1. Entity Name
EGRET INVESTMENTS, INC.

Principal Place of Business
**C/O STILES CORPORATION
6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309-2114**

Mailing Address
**C/O STILES CORPORATION
6400 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309-2114**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**c/o Stiles Corporation
Suite, Apt. #, etc.
300 SE 2nd St.**

3. Mailing Address
**c/o Stiles Corporation
Suite, Apt. #, etc.
300 SE 2nd St.**

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number **65-0878862**

Applied For
☐ Not Applicable

Zip Country
33301

Zip Country
33301

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLF, JEROME L ESQ.
450 E. LAS OLAS BLVD.
SUITE 950
FT. LAUDERDALE FL 33301**

Name **Patricia Jones**

Street Address (P.O. Box Number is Not Acceptable)
c/o Stiles Corporation

300 S.E. 2nd St.

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
Patricia Jones

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **STILES, TERRY W**
STREET ADDRESS **6400 NORTH ANDREWS AVE.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309-2114**

TITLE **P/T/S/D** ☒ Change ☐ Addition
NAME **STILES, TERRY W.**
STREET ADDRESS **300 SE 2nd St.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:
Terry W. Stiles, Director

2/21/01

954/627-9300

Date

Daytime Phone #

CR2E034 (10/00)