

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009600

1. Entity Name

STILES PROPERTY REEDY BRANCH, INC.

04-03-2000 90121 043 ***150.00

P99000009600

FILED

00 OCT 19 AM 11:24

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309	Mailing Address 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309-2172
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 05-0891374	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUKE, BRYAN W 6400 NORTH ANDREWS AVENUE 5TH FLOOR FT. LAUDERDALE FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DP STILES, TERRY W 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV EAGON, DOUGLAS P 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JONES, PATRICIA 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMER, STEPHEN R 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STINE, JAMES W 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRERA, ROCCO 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

V.P.

3/30/00

Date

Daytime Phone #

CR2EC34 (9/99)



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Ft. Lauderdale, Florida 33309-2114
954.776.9300
954.771.0416 Fax
www.stiles.com
info@stiles.com

October 11, 2000

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

**Re: STILES PROPERTY REEDY BRANCH, INC.
DOCUMENT #P99000009600**

To Whom It y Concern:

We received a Notice of Administrative Dissolution today for the above-referenced corporation. The Annual Report for this entity was filed on March 30, 2000. Our check to the state cleared on April 5, 2000 and went into the State's Account No. 1009068796 on April 3rd. I was advised today, when speaking with your office, that a notice had been sent requesting the FEI Number back in June. No notices or correspondence to that effect were ever received for this corporation at our office.

Per your office's instructions, I am enclosing a copy of the filed Annual Report with the FEI Number thereon, together with the copy of my letter and a copy of the recently received Notice of Administrative Dissolution. Would you please see that an Active Status is placed on this corporation and that the Administrative Dissolution is removed?

If you have any questions or need any further information, please feel free to contact me at (954) 776-9156. Thanking you in advance for your cooperation in this matter, I am

Sincerely,

STILES CORPORATION

A handwritten signature in cursive script, appearing to read 'Judy Sherman', is written over the printed name.

Judy Sherman
Closing Coordinator

Enclosures

Cc: Marian Anderson
Sam Gogel