

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062032

1. Entity Name
SBSQ, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90076 016 ***150.00

Principal Place of Business
6400 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33309

Mailing Address
6400 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33309

2. Principal Place of Business
300 SE 2nd Sr.
Suite, Apt. #, etc.

3. Mailing Address
300 SE 2nd St.
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number 65-0933875

Applied For
Not Applicable

Zip
33301

Country

Zip
33301

Country

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

6. Name and Address of Current Registered Agent

DUKE, BRYAN W ESQ
6400 NORTH ANDREWS AVENUE 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)

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	STILES, TERRY W	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VT	<input type="checkbox"/> Delete
NAME	EAGON, DOUGLAS P	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JONES, PATRICIA	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	PALMER, STEPHEN R	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	STINE, JAMES W	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERRERA, ROCCO	
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	
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 St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGON, DOUGLAS P.	
STREET ADDRESS	300 SE 2nd St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, PATRICIA	
STREET ADDRESS	300 SE 2nd St.	
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 St.	
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 St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRERA, ROCCO	
STREET ADDRESS	300 SE 2nd St.	
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: *Patricia Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/01 954/627-9300

CR2E034 (10/00)

Attachment

835435

UNIFORM BUSINESS REPORT

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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