

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L09527

1. Entity Name

STIRLING INSURANCE SERVICES, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90126 009 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O TERRY SGAMMATO  
1687 S. STATE RD. 7  
N. LAUDERDALE FL 33068

C/O TERRY SGAMMATO  
1687 S. STATE RD. 7  
N. LAUDERDALE FL 33068-4694

00040096



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1687 S. State Rd 7

3. Mailing Address

1687 S. State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Lauderdale, FL

City & State

N. Lauderdale, FL

4. FEI Number

65-0142806

Applied For

Not Applicable

Zip

33068

Country

BROWARD, USA

Zip

33068

Country

Broward, USA

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

TERRY R. SGAMMATO  
1687 S STATE RE 7  
N LAUDERDALE FL 33068

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Terry R. Sgammato* Terry R. Sgammato, President

3/13/00

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, 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

P  
SGAMMATO, TERRY R  
1687 S STATE RD 7  
N LAUDERDALE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

*Terry R. Sgammato* Terry R. Sgammato

3/13/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)