

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90375 019 ***150.00

DOCUMENT # P99000069157

1. Entity Name
STERLING CONSTRUCTION SERVICES INCORPORATED



Principal Place of Business Mailing Address
~~4838 NW 57TH LANE~~ ~~4838 NW 57TH LANE~~
~~CORAL SPRINGS FL 33067~~ ~~CORAL SPRINGS FL 33067~~



2. Principal Place of Business 3. Mailing Address
101 NE Third Avenue **101 NE Third Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1500 **Suite 1500**
 City & State City & State
Fort Lauderdale, FL **Fort Lauderdale, FL**
 Zip Country Zip Country
33301 **USA** **33301** **USA**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
~~LIPSON, SAUL B~~ **BOB**
~~1515 UNIVERSITY DRIVE~~
~~222~~
~~CORAL SPRINGS FL 33071~~

4. FEI Number Applied For
65-0938782 Not Applicable

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

7. Name and Address of New Registered Agent
 Name: **ROBERT F. MAHONEY, PA**
 Street Address (P.O. Box Number is Not Acceptable): **2777 GLADES RD, STE 209**
 City: **BOCA RATON** FL Zip Code: **33434**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **ROBERT F. MAHONEY, P.A.** DATE: **4/17/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution... \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CROCKETT, STERLING 4838 NW 57TH LANE CORAL SPRINGS FL 33067-4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON FISHER, NICOLE 4838 NW 57 LN CORAL SPRINGS FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS JACKSON CROCKETT, FLORENCE 4838 NW 57 LN POMPANO BEACH FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **NICOLE FISHER** DATE: **4/17/03** DAYTIME PHONE #: **954.332.8777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)