

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90082 030 ***158.75

0416195

DOCUMENT # 497564

1. Entity Name

STERLING PROPERTIES, INC.

Principal Place of Business

7453 NO TAMiami TRAIL
 SARASOTA FL 34243

Mailing Address

7453 NO TAMiami TRAIL
 SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

2555 So. Atlantic Ave 2555 So. Atlantic Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1705

#1705

City & State

City & State

DAYTONA BEACH SHORES, FL

DAYTONA BEACH SHORES, FL

Zip

Zip

32118

32118

Volusia

Volusia

6. Name and Address of Current Registered Agent

SPENCE, ROSEMARY
 7453 NO TAMiami TRAIL
 SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name **SPENCE, ROSEMARY**
 Street Address (P.O. Box Number is Not Acceptable)
 2555 So. Atlantic Ave
 #1705
 City **DAYTONA BEACH SHORES, FL** Zip Code **32118**

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 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PST SPENCE, ROSEMARY 7453 NO TAMiami TRAIL SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SPENCE, ROSEMARY 511 LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	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"/> 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:

ROSEMARY SPENCE

2-12-01

904-760-7991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)