

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90062 044 ***150.00


UBR034

DOCUMENT # F00000001459
 1. Entity Name
STERLING CONSULTING CORP.

Principal Place of Business 620 LAKE ORIENTA DRIVE ALTAMONTE SPRINGS FL 32701	Mailing Address 620 LAKE ORIENTA DRIVE ALTAMONTE SPRINGS FL 32701
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2. Principal Place of Business 1029 Bearded Oaks Terr.	3. Mailing Address 1029 Bearded Oaks Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Longwood, FL	City & State Longwood, FL
Zip 32779	Zip 32779
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3369951	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**NAUS, BARRY S
 620 LAKE ORIENTA DRIVE
 ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name Naus, Barry S.
Street Address (P.O. Box Number is Not Acceptable) 1029 Bearded Oaks Terrace
City Longwood
State FL
Zip Code 32779

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 *Barry S. Naus* DATE 3/19/01
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PCD	<input type="checkbox"/> Delete	TITLE NAUS, BARRY S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAUS, BARRY S		NAME NAUS, BARRY S	
STREET ADDRESS 620 LAKE ORIENTA DRIVE		STREET ADDRESS 1029 Bearded Oaks Terr	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701		CITY-ST-ZIP Longwood, FL 32779	New Address
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Barry S. Naus* DATE 3/19/01 DAYTIME PHONE # 407 331-1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/00)