

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90182 030 ***150.00

DOCUMENT # F94000005428

1. Entity Name
STERLING HOLDINGS, INC.



Principal Place of Business
**ONE PROGRESS PLAZA
STE 810
ST PETERSBURG FL 33701**

Mailing Address
**ONE PROGRESS PLAZA
STE 810
ST PETERSBURG FL 33701**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1608277**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HALE, RODNEY LEIGH
ONE PROGRESS PLAZA
STE 810
ST. PETERSBURG FL 33701**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **YANCEY, DELOS H**
STREET ADDRESS **855 OCEAN SHORES BLVD 219**
CITY-ST-ZIP **ORMOND BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MPT** ☐ Delete
NAME **HALE, RODNEY L**
STREET ADDRESS **218 SAND KEY ESTATES DR**
CITY-ST-ZIP **CLEARWATER FL 33787**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **PHILLIPS, KAREN**
STREET ADDRESS **5241 PIKES PEAK CT**
CITY-ST-ZIP **MARIETTA GA 30062**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3390 RIVERMONT PARKWAY**
CITY-ST-ZIP **ALPHARETTA, GA 30022**

TITLE **D** ☐ Delete
NAME **KLAESER, KARL-HEINZ**
STREET ADDRESS **4620 BLUE MT DR**
CITY-ST-ZIP **TUSCON AZ**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GIL, EDITO M**
STREET ADDRESS **6921 ARBOR OAKS CT.**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the empowered.

SIGNATURE: _____

EDITO M. GIL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03
Date

727-896-6434
Daytime Phone #

CR2E034 (10/02)