2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **G00635** Mar 20, 2000 8:00 am 1. Entity Name **Secretary of State** STERLING PROPERTIES OF MELBOURNE, INC. 03-20-2000 90020 034 ***150.00 Mailing Address Principal Place of Business 777 N. HIGHWAY A1A. SUITE 101 777 N. HIGHWAY A1A, SUITE 101 INDIALANTIC FL 32903-3017 INDIALANTIC FL 32903 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2238839 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, NANCY Street Address (P.O. Box Number is Not Acceptable) 777 N HWY A1A, SUITE 101 **INDIALANTIC FL 32903** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PVD TITI F TITLE ☐ Delete TAYLOR, NANCY TAYLOR, NANCY NAME NAME 777 N HWY A1A, STE 101 STREET ADDRESS 777 N HWY ALA, STE 101 STREET ADDRESS CITY-ST-ZIP 32903 CITY-ST-ZIP INDIALANTIC FL INDIALANTIC, FL XX Change ☐ Addition VTD Delete TITLE TITLE PID WALL, BARBARA C. NAME NAME WALL, BARBARA C. STREET ADDRESS 777 N HWY A1A, STE 101 STREET ADDRESS 777 N HWY ALA, STE 101 CITY-ST-ZIP INDIALANTIC FL CITY-ST-ZIP ÎNDIALÂNTIC, FL 32903 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

3/8/00 1-321-308