

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91562 027 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **682655**

1. Entity Name

STERNSON INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

410 RUSSELL STERN

3. Mailing Address

410 RUSSELL STERN

Suite, Apt. #, etc.

2001 SAILFISH POINT

Suite, Apt. #, etc.

2001 SAILFISH POINT

City & State

STUART FL

City & State

STUART FL

4. FEI Number

59-2382643

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

642845

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **RUSSELL STERN**

Street Address (P.O. Box Number is Not Acceptable)

2001 SAILFISH POINT

STUART

City

FL

Zip Code
34996

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
HARRY STERN
2001 SAILFISH POINT
STUART FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RUSSELL STERN
2001 SAILFISH POINT
STUART FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
TED TASHLIK
833 NORTHERN BLVD
GREAT NECK NY 11021**

TITLE
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED348 (12/01)