

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90089 028 ***150.00

0342216

DOCUMENT # J80574

1. Entity Name

SARA L. STERLING PSY. D., P.A.

Principal Place of Business

600 S. MAGNOLIA
SUITE 200
TAMPA FL 33606
US

Mailing Address

600 S. MAGNOLIA
SUITE 200
TAMPA FL 33606
US

2. Principal Place of Business

15961 N. FLORIDA AVE

3. Mailing Address

15961 N. FLORIDA AVE

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

LUTZ FL

City & State

LUTZ FL

Zip

33549

Country

USA

Zip

33549

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2819626

Applied For

Not Applicable

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

STERLING, SARA PSY. D., P.A.
600 S. MAGNOLIA AVENUE
SUITE 200
TAMPA FL 33606

Name

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

15961 N. FLORIDA AVE

SUITE A

City LUTZ

FL

Zip Code 33549

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

Sara L Sterling

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-01

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 PD
NAME STERLING, SARA L.
STREET ADDRESS 600 S MAGNOLIA AVENUE #200
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS 15961 N. FLORIDA AVE. #A
CITY-ST-ZIP LUTZ FL 33549

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Sara L Sterling

SARA L STERLING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01

Date

4/13/01

Daytime Phone #

CR2E034 (10/00)