

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90186 019 \*\*\*150.00

MA10276 AV

**DOCUMENT # J80574**

1. Entity Name  
**SARA L. STERLING PSY. D., P.A.**

Principal Place of Business  
**15961 N FLORIDA AVENUE STE A**  
**LUTZ FL 33549**  
**US**

Mailing Address  
**15961 N FLORIDA AVENUE STE A**  
**LUTZ FL 33549**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**16017 N. FLORIDA AVE**

Suite, Apt. #, etc.  
**STE. 117**

City & State  
**LUTZ FL**

Zip  
**33549**

Country  
**USA**

3. Mailing Address  
**16017 N. FLORIDA AVE**

Suite, Apt. #, etc.  
**STE. 117**

City & State  
**LUTZ**

Zip  
**FL**

Country  
**USA**

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

**STERLING, SARA PSY. D., P.A.**  
**15961 N FLORIDA AVENUE STE A**  
**LUTZ FL 33549**

## 7. Name and Address of New Registered Agent

Name

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

**16017 N. FLORIDA AVE. STE 117**

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 Sterling* **SARA STERLING**

*3-5-02*

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE **PD** ☐ Delete  
NAME **STERLING, SARA L.**  
STREET ADDRESS **15961 N FLORIDA AVENUE STE A**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **16017 N. FLORIDA AVE. STE #117**  
CITY-ST-ZIP **LUTZ FL 33549**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Sara Sterling* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-5-02* *(813) 963-5771*

Date

Daytime Phone #

CR2E034 (9/01)