

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90063 027 \*\*\*150.00

**DOCUMENT # L35193**

1. Entity Name

**STERLING GRACE CORPORATION**

Principal Place of Business

% JOHN S. GRACE  
1940 S OCEAN BLVD  
MANALAPAN FL 33462

Mailing Address

C/O JOHN GRACE  
P.O. BOX 163  
GLEN HEAD NY 11545  
US

2. Principal Place of Business

55 Brookville Road

3. Mailing Address

55 Brookville Road

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Glen Head, NY

City & State

Glen Head, NY

Zip

11545

Country

USA

Zip

11545

Country

USA

6. Name and Address of Current Registered Agent

GRACE, JOHN S.  
1940 S OCEAN BLVD  
MANALAPAN FL 33462

7. Name and Address of New Registered Agent

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.

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)

**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	D	<input type="checkbox"/> Delete
NAME	GRACE, JOHN S.	
STREET ADDRESS	1940 S OCEAN BLVD	
CITY-ST-ZIP	MANALAPAN FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	GRACE, JOHN S.	
STREET ADDRESS	1940 S OCEAN BLVD	
CITY-ST-ZIP	MANALAPAN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, ANNETTE	
STREET ADDRESS	1940 S. OCEAN BLVD.	
CITY-ST-ZIP	MANALAPAN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/02 (516) 86-2221

CR2E034 (9/01)