

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90272 001 ***150.00

04/17/02 AV

DOCUMENT # P00000049046

1. Entity Name

STERLING VENTURE CAPITAL CORPORATION

Principal Place of Business

**6550 FIRST AVE. NORTH
 ST. PETERSBURG FL 33710**

Mailing Address

**PO BOX 66719
 ST PETE BEACH FL 33736**

2. Principal Place of Business

286 107 Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Treasure Island FL

City & State

Zip

Zip

Country

USA

Country

4. FEI Number

59-392254 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KIEFNER, JR., JOHN R ESQ.
 C/O HARRIS, BARRETT, MANN & DEW, LLP
 150 SECOND AVE. NORTH, STE. 1500
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

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

146 2nd St N Suite 300

City

St. Petersburg

FL

Zip Code
33701

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTS
 TOWNE, ALYN
 6550 FIRST AVE N
 SAINT PETERSBURG FL 33710** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PST
 Towne, Alyn
 286 107 Ave
 Treasure Island FL 33706** ☒ Change ☐ Addition

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

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

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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:

Alyn Towne President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02
 Date

(727) 384-5555
 Daytime Phone #

CR2E034 (9/01)