

FILED
Jun 18, 2003 8:00 am
Secretary of State

05-27-2003 90178 018 ***150.00

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

DOCUMENT # P00000106154 (D)
1. Entity Name Sterling Group Industries



DO NOT WRITE IN THIS SPACE

55048892

2. Principal Place of Business 9481 NW 14th Ct
Suite, Apt. #, etc.
3. Mailing Address 9481 NW 14th Ct
Suite, Apt. #, etc.
City & State Pembroke Pines FL 33024
City & State Pembroke Pines FL 33024
Zip 33024 Country 33024 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent
Name Sterling E. Ferguson
Street Address (P.O. Box Number is Not Acceptable) 9481 NW 14th Ct
Pembroke Pines FL FL Zip Code 33024
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE [Signature] DATE 5/22/03
(NOTE: Registered Agent Signature required when reinstating)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | President Sterling E. Ferguson 9481 NW 14th Ct Pembroke Pines, FL 33024 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Vice President Betty Dixon 11214 Pines Blvd #127 Pembroke Pines FL 33026 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Secretary/Treasurer Michelle A. Fredericks 9481 NW 14th Ct Pembroke Pines FL 33024 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: M. Fredericks M. Fredericks Secretary/Treasurer 6/9/03 954-325-7113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)