

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90116 020 \*\*\*150.00

DOCUMENT # P01000093829

1. Entity Name

STIRLING WATER COMPANY, INC.



Principal Place of Business

1050 NW 93 AVE  
PLANTATION FL 33322

Mailing Address

1050 NW 93 AVE  
PLANTATION FL 33322

2. Principal Place of Business

2365 SW 34TH STREET

3. Mailing Address

2365 SW 34TH STREET

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

DAVIA, FLORIDA

City & State

DAVIA, FLORIDA

Zip

33315

Country

US

Zip

33315

Country

US

4. FEI Number

65-1148031

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MATRICARIA, JEAN L

1050 NW 93 AVE

PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name

RICHARD L. MATRICARIA

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

2365 SW. 34TH STREET #4

City

DAVIA, FL.

FL

Zip Code

33315

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

RICHARD L. MATRICARIA

2/23/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	P	<input type="checkbox"/> Delete
NAME	MATRICARIA, JEAN	
STREET ADDRESS	1050 NW 93 AVENUE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATRICARIA, RICHARD L	
STREET ADDRESS	1050 NW 93 AVENUE	
CITY-ST-ZIP	PLANTATION FL 33322	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ELIZABETH MATRICARIA		
STREET ADDRESS	2900 NO. COURSE DRIVE		
CITY-ST-ZIP	ADAPANO RCH, FL. 33069		
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			

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD L. MATRICARIA

2/23/03

954-424-0236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #