




**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

4/1'

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90568 001 \*\*\*300.00

<b>DOCUMENT #</b> P02000046789			
<b>1. Entity Name</b> STIRLING UNDERGROUND OF FLAGLER, INC.			
<b>Principal Place of Business</b> 899 HIBISCUS AVENUE BUNNELL FL 32110		<b>Mailing Address</b> PO BOX 2525 BUNNELL FL 32110	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> Po BOX 2525	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b> FLAGLER BCH FL	
<b>Zip</b>	<b>Country</b>	<b>Zip</b> 32136	<b>Country</b> USA
<b>4. FEI Number</b> 020592782		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
GARDNER, KIPP S 15 SUGARMILL LANE FLAGLER BEACH FL 32110		<b>Name</b> KIPP S GARDNER <b>Street Address (P.O. Box Number is Not Acceptable)</b> 15 SUGARMILL LANE <b>City</b> FLAGLER BCH <b>FL</b> <b>Zip Code</b> 32136	
<b>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.</b>			
<b>SIGNATURE</b>  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>DATE</b> 3/31/03 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> P <b>NAME</b> GARDNER, KIPP S <b>STREET ADDRESS</b> 15 SUGARMILL LANE <b>CITY-ST-ZIP</b> FLAGLER BEACH FL 32110	<input type="checkbox"/> Delete	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> FLAGLER BCH FL 32136 <b>CITY-ST-ZIP</b>	
<b>TITLE</b> V <b>NAME</b> GARDNER, JOSEPH H <b>STREET ADDRESS</b> 4028 JOHN ANDERSON HIGHWAY <b>CITY-ST-ZIP</b> FLAGLER BEACH FL 32110	<input type="checkbox"/> Delete	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> FLAGLER BCH FL 32136 <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.</b>			
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>DATE</b> 4/9/03 <small>Daytime Phone #</small>	

CR2E034 (10/02)