




**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

| | | | |
|---|--|--|--|
| DOCUMENT # P02000046789 | |  | |
| 1. Entity Name STIRLING UNDERGROUND OF FLAGLER, INC. | | | |
| Principal Place of Business 899 HIBISCUS AVENUE BUNNELL FL 32110 | | Mailing Address PO BOX 2525 BUNNELL FL 32110 | |
| 2. Principal Place of Business | | 3. Mailing Address Po BOX 2525 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State FLAGLER BCH FL | |
| 4. FEI Number 020592782 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip | | Country | |
| 32136 | | USA | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GARDNER, KIPP S 15 SUGARMILL LANE FLAGLER BEACH FL 32110 | | Name KIPP S GARDNER Street Address (P.O. Box Number is Not Acceptable) 15 SUGARMILL LANE City FLAGLER BCH FL Zip Code 32136 | |
| 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  | | DATE 3/31/03 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GARDNER, KIPP S 15 SUGARMILL LANE FLAGLER BEACH FL 32110 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FLAGLER BCH FL 32136 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GARDNER, JOSEPH H 4028 JOHN ANDERSON HIGHWAY FLAGLER BEACH FL 32110 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FLAGLER BCH FL 32136 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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. | | | |
| SIGNATURE:  | | DATE 4/9/03 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

CR2E034 (10/02)