

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

1. Entity Name  
**STERLING LASER LEVELING, INC.**



2210 REYNOLDS RD  
LAKELAND, FL 33801

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LAKELAND, FL 33801

**DO NOT WRITE IN THIS SPACE**



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0605353

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STERLING, LYNN  
2210 REYNOLDS RD  
LAKELAND, FL 33801

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE: 31

04/17/08-80003-015 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STERLING, BRIAN J
STREET ADDRESS	2210 REYNOLDS RD
CITY-ST-ZIP	LAKELAND, FL 33801

TITLE	VPD
NAME	STERLING, LYNN
STREET ADDRESS	2210 REYNOLDS RD
CITY-ST-ZIP	LAKELAND, FL 33801

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08  
Date

863-665-7223  
Daytime Phone #