

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

FILED ATX1
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000029509
1. Entity Name
STERLING HOMES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2320 3RD ST S STE 2 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State JACKSONVILLE BEACH, FL		City & State	
Zip 32250	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3178108		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name OLD, PETER	
Street Address (P.O. Box Number is Not Acceptable) 355 NORTH ROSCOE BLVD.	
City PONTE VEDRA BEACH	FL Zip Code 32082

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLD, PETER 355 NORTH ROSCOE BLVD. PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, DUNCAN 2804 S SECOND ST. JACKSONVILLE BEACH, FL 32250
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	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000870630 04/09/08-80096-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:


PETER OLD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08
Date

904 237-5611
Daytime Phone #