

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90186 047 ***150.00

DOCUMENT # P93000030530

1. Entity Name
STERLING SOLUTIONS, INC.



Principal Place of Business

911 NW 209 AVE

#136

PEMBROKE PINES FL 33029

US

Mailing Address

16231 SW 60 STREET

FORT LAUDERDALE FL 33331

US

2. Principal Place of Business

16231 SW 60 ST

Suite, Apt. #, etc.

3. Mailing Address

16231 SW 60 ST

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

FORT LAUDERDALE, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0404064

Applied For

Not Applicable

Zip

33331

Country

US

Zip

33331

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, BARBARA A

16231 STERLING RD

FT LAUDERDALE FL 33331

Name

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

City

FL

Zip Code

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

2/8/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PVST**
STREET ADDRESS **ADAMS, BARBARA A.**
CITY-ST-ZIP **16231 STERLING RD**
FT LAUDERDALE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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

BARBARA A. ADAMS **2/8/03** **954**
434-7410

Date

Daytime Phone #

CR2E034 (10/02)