

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90050 010 ***150.00

DOCUMENT # P94000031284

1. Entity Name

U. S. STERLING CORPORATION, INC.



Principal Place of Business

1917 17TH STREET
SARASOTA FL 34234
US

Mailing Address

P.O. BOX 19049
SARASOTA FL 34276

2. Principal Place of Business

1715 STICKNEY POINT

3. Mailing Address

Suite, Apt. #, etc.

A-12

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

34231

Country

Zip

Country

4. FEI Number

59-3241926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOBO, FRANCIS
1917 17TH STREET
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name

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

1715 STICKNEY POINT RD, SUITE A12

City

SARASOTA

FL

Zip Code

34231

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)

01/06/2003
DATE

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.

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**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOBO, FRANCIS C
STREET ADDRESS 1917 - 17 STREET
CITY-ST-ZIP SARASOTA FL 34234

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1715 STICKNEY POINT RD STE
CITY-ST-ZIP SARASOTA FL 34231 A12

☒ Change

☐ Addition

TITLE
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STREET ADDRESS
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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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/2003

Date

941-346-9319

Daytime Phone #

CR2E034 (10/02)