

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000237

1. Entity Name

STS GROUP, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90184 006 ***158.75

Principal Place of Business

Mailing Address

4900 MANATEE AVENUE WEST
 SUITE 101
 BRADENTON FL 34209

160 BROADWAY, 15TH FLOOR
 NEW YORK NY 10038-4201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0557834

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD
 NAME: COURTNEY, CALVERT Delete
 STREET ADDRESS: 2202 6TH ST WEST
 CITY-ST-ZIP: PALMETTO FL 34221

TITLE: President Change Addition
 NAME: Robert Cassano
 STREET ADDRESS: 160 Broadway, 15th FL
 CITY-ST-ZIP: New York, NY 10038

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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 CITY-ST-ZIP:

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 CITY-ST-ZIP:

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

13. 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 11 or Block 12 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

1/11/00 (215) 396-7960
 Date Daytime Phone #

CR2F034 (9/99)