

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90137 012 \*\*\*150.00

0053813

**DOCUMENT# P95000011757**

1. Entity Name

**STERLING INVESTMENT AND MANAGEMENT GROUP, INC.**

Principal Place of Business

Mailing Address

130 CIRCLE HILL RD  
 SANFORD FL 32773  
 US

130 CIRCLE HILL RD  
 SANFORD FL 32773  
 US

2. Principal Place of Business

11630 SW 2nd Street

3. Mailing Address

11630 SW 2nd Street

Suite, Apt. #, etc.

#302

Suite, Apt. #, etc.

#302

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33025

Country

USA

Zip

33025

Country

USA

6. Name and Address of Current Registered Agent

SWANN & HADLEY, P.A.  
 1031 W. MORSE BLVD.  
 SUITE 270  
 WINTER PARK FL 32789

4. FEI Number

59-3299017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

7. Name and Address of New Registered Agent

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, 2001 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

TITLE P  
 NAME ARMSTRONG, DORIS  
 STREET ADDRESS 130 CIRCLE HILL RD  
 CITY-ST-ZIP SANFORD FL 32773

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
 NAME Doris Armstrong  
 STREET ADDRESS 11630 SW 2nd Street  
 CITY-ST-ZIP Pembroke Pines, FL 33025

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 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:

*Doris Armstrong* Doris Armstrong 4/13/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)