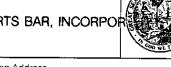
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P95000029514 DOCUMENT #

1. Entity Name

STERLING PACKAGE LOUNGE AND SPORTS BAR, INCORPO



Principal Place of Business Mailing Address 1944 COMBEE ROAD 1944 COMBEE ROAD LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3308927 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANNER TANNER, JAMES R ESQ. Street Address (P.O. Box Number is Not Acceptable) 743 SOUTH COMBEE ROAD LAKELAND FL 33801 8. The above named entity submits this statement for the purpose of changing its registered office of 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME STOVER, MAJOR C NAME 1944 COMBEE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33801 CITY-ST-7IP **VT** TITLE ☐ Detete TITLE ☐ Change ■ Addition STOVER, SUSAN A NAME STREET ADDRESS 1944 COMBEE ROAD STREET ADDRESS CITY-ST-7IP LAKELAND FL 33801 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIF

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☐ Delete

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☐ Addition

Mar 10, 2003 8:00 am § Secretary of State

FILED

03-10-2003 90154 001 ***150.00