

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P95000032184****1. Entity Name**  
**STERLING FINANCE, INC.****Principal Place of Business**

4220 SALTWATER BOULEVARD

TAMPA  
33615

FL

**Mailing Address**

4220 SALTWATER BOULEVARD

TAMPA  
33615

FL

**2. Principal Place of Business**

4220 SALTWATER BOULEVARD

**3. Mailing Address**

4220 SALTWATER BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

TAMPA

FL

**City & State**

TAMPA

FL

**4. FEI Number****54-1708037**

Applied For

Not Applicable

Zip  
336155629Country  
USZip  
336155629Country  
US**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**DAVIS PAUL C  
ONE HARBOUR PLACE  
5TH FLOOR  
TAMPA  
33602 US

FL

**7. Name and Address of New Registered Agent****Name**

BORER PETER F

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

4220 SALTWATER BOULEVARD

City  
TAMPA

FL

Zip Code  
336155629**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 PETER F. BORER**

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

(NOTE: Registered Agent signature required when reinstating)

**04/18/2000**

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**

TITLE	VP	<input type="checkbox"/> Delete
NAME	BORER PETER F	
STREET ADDRESS	4220 SALTWATER	
CITY-ST-ZIP	TAMPA FL 33615	

TITLE	P	<input type="checkbox"/> Delete
NAME	BORER MARILYN A	
STREET ADDRESS	4220 SALTWATER BLVD.	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORER PETER F	
STREET ADDRESS	4220 SALTWATER	
CITY-ST-ZIP	TAMPA FL 336155629	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORER MARILYN A	
STREET ADDRESS	4220 SALTWATER BLVD.	
CITY-ST-ZIP	TAMPA FL 336155629	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** Peter F. Borer

VP 04/18/2000