

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085074

1. Entity Name

STIRLING ROAD BUILDING CORP.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90023 040 \*\*\*550.00

Principal Place of Business

Mailing Address

1 RAYMOND DR  
 HAVERTOWN PA 19083

1 RAYMOND DR  
 HAVERTOWN PA 19083-3153  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2208217

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

SHNIDER, RONALD E  
 7770 WEST OAKLAND PARK BLVD.  
 SUITE 100  
 SUNRISE FL 33351

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 DP ☐ Delete  
 NAME IACOBUCCI, FRANK  
 STREET ADDRESS ~~201~~ RAYMOND DRIVE  
 CITY-ST-ZIP HAVERTOWN PA 19083

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1 RAYMOND DRIVE  
 CITY-ST-ZIP

TITLE DS ☐ Delete  
 NAME IACOBUCCI, ANTHONY  
 STREET ADDRESS ~~201~~ RAYMOND DRIVE  
 CITY-ST-ZIP HAVERTOWN PA 19083

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1 RAYMOND DRIVE  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 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:

*Frank Iacobucci, Sr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 FRANK IACOBUCCI, SR.

Date

Daytime Phone #

5/30/00 610/446  
 4100

CP2E034 (9/99)