## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000092258 STERLING INVESTMENT COMPANY

## FILED May 07, 2001 8:00 am Secretary of State 05-07-2001 90054 001 \*\*\*158.75

209 PHIPPS PI PALM BEACH US	FL 33480		Mailing Address 209 PHIPPS PLAZA PALM BEACH FL 33480 US				12001201216	18161 81111 8011 <b>1</b> 3	1171 <b>88</b> 711 <b>88</b> 11 <b>8</b> 7	<b>1</b> 718 11111 (1814)	OVELOVI JEN
2. Principal I	Place of Busin	ness	3. Mailing Address								
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			<b>4.</b> F	FEI Number	65-06282	78		Applied For
Zip		Country	Zip				Certificate of	Status Desired	X	\$8.75 Ac	dditional
6. Name and Address of Current Registered Agent						7. 1	Name and Ad	dress of New	Registered	Agent	
KOSOY, BRIAN D 209 PHIPPS PLAZA PALM BEACH FL 33480					Name Street A	Address (P.O. B	3ox Number i	s Not Acceptal	ble)		
					City	FL Zip Code					de
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											
	ogrado, typos	or printed risine or registered agent.	tilo tile ii appiicable. (1901)	negisteret	Agent signa	are required when re	instating)		DATE		
Tax filing		ble to satisfy its Intangible and elects to do so.	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550 Make Check Payable to Department of				on Campaign F Fund Contribut	٠,		00 May Be d to Fees
11.		OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CH	ANGES TO OF	FICERS AN	D DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOSOY, B 209 PHIPP PALM BEA		☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	209 PHIPP PALM BEA	GREGORY S S PLAZA CH FL 33480	□ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARCHESSAULT, GERI 209 PHIPPS PLZ PALM BCH FL 33480					DVT X Change Addition SHREEVE, DAVID J. 209 Phipps Plaza Palm Beach, FL 33480					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			DV COSTELLO 209 Phipps Palm Beach	O, VINCE Plaza	ENT J.	0.0	Change X	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-	T ADDRESS		<u> </u>	<u> </u>		L Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS					☐ Change	☐ Addition
13 I hereby o	ortity that the	information cumplied with:	hia filipa daga aga ayalifi. filis	d= =			40.00(0)(0)				

neceby certily 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: