

UNIFORM BUSINESS REPORT (UBR)

IDENT # **095000095412**

Sterling Homes (1), Inc.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90119 030 ***150.00

A0063571

DO NOT WRITE IN THIS SPACE

Principal Place of Business 707 138th Avenue East Tampa, Florida 33613		Mailing Address 239 Halliday Park Drive Tampa, Florida 33612	
Principal Place of Business		3. Mailing Address	
City, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Country	Zip	Country	Zip
4. FEI Number 59-3350297		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

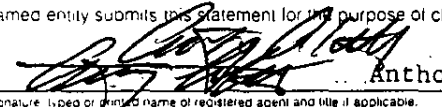
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Anthony A. Sutter
 239 Halliday Park Drive
 Tampa, Florida 33612

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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  Anthony A. Sutter, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01
 4/26/01

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PSTV ☐ Delete Anthony A. Sutter 239 Halliday Park Drive Tampa, Florida 33612	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034 (9/99)

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 provided 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 included on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony A. Sutter, President

4/26/01 813/932-2228

Date

Daytime Phone #