

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090959

1. Entity Name

STERLING STUCCO, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90055 015 ***150.00

Principal Place of Business

4498 MCINTOSH PARK DR #1903
SARASOTA FL 34232

Mailing Address

935 N BENEVA RD
SUITE 609-7
SARASOTA FL 34232-1397

2. Principal Place of Business

4732 MAID MARIAN LN
Suite, Apt. #, etc.

3. Mailing Address

935 N. BENEVA RD.
Suite, Apt. #, etc.
SUITE 609- PMB 7



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0705822

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

34232

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODGES, KEITH B
4498 MCINTOSH PARK DR #1903
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name HODGES, KEITH B.
Street Address (P.O. Box Number is Not Acceptable)
4732 MAID MARIAN LN.
City SARASOTA FL Zip Code 34232

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 Keith B Hodges

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/00

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 ☐ Delete
NAME P
STREET ADDRESS HODGES, KEITH B.
CITY-ST-ZIP 4498 MCINTOSH PK DRIVE #1903
SARASOTA FL

TITLE ☐ Delete
NAME VTS
STREET ADDRESS OWENS, BARBARA A.
CITY-ST-ZIP 4498 MCINTOSH PARK DR #1903
SARASOTA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4732 MAID MARIAN LN
CITY-ST-ZIP SARASOTA, FL 34232

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4732 MAID MARIAN LN.
CITY-ST-ZIP SARASOTA, FL 34232

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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: Barbara A. Owens BARBARA A. OWENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 941-342-9298

Date

Daytime Phone #

CR2E034 (9/99)