

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103721

1. Entity Name

STERLING WHOLESALE, INC.

Principal Place of Business

1313 LANDSTREET ROAD
ORLANDO FL 32859

Mailing Address

1313 LANDSTREET ROAD
ORLANDO FL 32824

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3416614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILES, CHARLES E JR
6212 DARTMOOR CT
ORLANDO FL 32819

7. Name and Address of New Registered Agent

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

TITLE DP ☐ Delete
NAME SMITH, SPENCER S
STREET ADDRESS 472 WILMINGTON CIRCLE
CITY-ST-ZIP OVIEDO FL

TITLE DST ☐ Delete
NAME BAILES, CHARLES E JR
STREET ADDRESS 6212 DARTMOOR CT
CITY-ST-ZIP ORLANDO FL

TITLE DVP ☐ Delete
NAME HOLLOWAY, JOHN W
STREET ADDRESS 6201 MATCHETT RD
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete
NAME BAILES, JESS D
STREET ADDRESS 939 SEVILLE PL
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete
NAME BAILES, CHARLES E III
STREET ADDRESS 833 SEVILLE PL
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Spencer S. Smith

Jan. 14, 2000

Date

407.850.4355

Daytime Phone #

CR2000 10/00