

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90076 014 \*\*\*158.75

**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 32859**

2. Principal Place of Business  
**6424 Pine Castle Blvd**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**Suite A**

Suite, Apt. #, etc.

City & State  
**Orlando, FL**

City & State

4. FEI Number **59-3416614**

Applied For  
Not Applicable

Zip  
**32809**

Country  
**USA**

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**

**BAILES, CHARLES E JR  
6212 DARTMOOR CT  
ORLANDO FL 32819**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1594 Waterwitch Dr  
Orlando, FL 32806** ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MAILANDER, JOHN  
1615 W WATROUS AVE  
TAMPA FL 33606** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1800 Morningside Dr  
Orlando, FL 32806** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. 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 10 or Block 11 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

02/28/03

Daytime Phone #

CR2E034 (10/02)