

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078320

1. Entity Name

STERLING BUILDING AND DEVELOPMENT INC.

FILED

Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90007 013 ***150.00

Principal Place of Business

Mailing Address

9810 D BOCA GARDENS PARKWAY-
BOCA RATON FL 33496

9810 D BOCA GARDENS PARKWAY
BOCA RATON FL 33496-1720

8197 White Rock Circle
Bournton Beach Fl 33436

2. Principal Place of Business

8197 White Rock Circle

3. Mailing Address

8197 White Rock Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bournton Bch Fl

City & State

Bournton Bch Fl

Zip

33436

Country

USA

Zip

33436

Country

USA

4. FEI Number

65-0780853

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

BOWMAN, EDWARD PAUL
9810 D. BOCA GARDENS PARKWAY
BOCA RATON FL 33496

Name Edward Paul Bowman

Street Address (P.O. Box Number is Not Acceptable)
8197 White Rock Circle

City

Bournton Bch

FL

Zip Code
33436

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

1/21/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BOWMAN, EDWARD P
STREET ADDRESS 9810 D BOCA GARDENS PARKWAY
CITY-ST-ZIP BOCA RATON FL 33496

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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

1/21/00

Date

561 752-9391

Daytime Phone #

CR2E034 (9/99)