

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000018187**

1. Entity Name

**STERLING ENTERPRISES GROUP, INC.**

Principal Place of Business

6550 FIRST AVE. N.  
ST. PETERSBURG FL 33710  
US

Mailing Address

P.O. BOX 66749  
ST. PETERSBURG BEACH FL 33736  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3434665**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIEFNER, JOHN R JR  
100 2ND AVENUE SOUTH  
SUITE 400N  
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name Kiefner, John R. Jr.

Street Address (P.O. Box Number is Not Acceptable)

150 2nd Ave N Suite 1500City St. Petersburg**FL**Zip Code  
33701

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, 2001 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  
NAME PD TOWNE, ALYN III ☐ Delete  
STREET ADDRESS 6550 FIRST AVE. N.  
CITY-ST-ZIP ST. PETERSBURG FL 33710TITLE  
NAME VPD DAVID, GREGG ☐ Delete  
STREET ADDRESS 6550 FIRST AVE. N.  
CITY-ST-ZIP ST. PETERSBURG FL 33701TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PD Towne, Alyn III ☒ Change ☐ Addition  
STREET ADDRESS 6550 First Ave N  
CITY-ST-ZIP St. Petersburg, FL 33710TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
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

Alyn Towne III

Date

1/8/01

Daytime Phone #

(727) 384-6550**FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90087 037 \*\*\*150.00

**C0004916**

DO NOT WRITE IN THIS SPACE

0524982

CR2E034 (10/00)