

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90416 047 \*\*\*150.00

**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

**286 107 Avenue**

3. Mailing Address

**PO Box 66719**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Treasure Island FL**

City & State

**St. Pete Beach FL**

4. FEI Number

**59-3434665**

Applied For

Not Applicable

Zip

**33706**

Country

**USA**

Zip

**33736**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KIEFNER, JOHN R JR  
150 2ND AVE N  
SUITE 1500  
ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

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

**146 2nd St. N Suite 300**

City

**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, 2002 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 **PD** ☐ Delete  
NAME **TOWNE, ALVIN III**  
STREET ADDRESS **6550 FIRST AVE. N.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **VPD** ☐ Delete  
NAME **DAVID, GREGG**  
STREET ADDRESS **6550 FIRST AVE. N.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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 **PD ST** ☒ Change ☐ Addition  
NAME **Towne, Alvin III**  
STREET ADDRESS **286 107 Ave**  
CITY-ST-ZIP **Treasure Island, FL 33706**

TITLE **VP** ☒ Change ☐ Addition  
NAME **David, Gregg**  
STREET ADDRESS **286 107 Ave**  
CITY-ST-ZIP **Treasure Island, FL 33706**

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Alvin Towne III President 1/16/02 (727) 384-6550**

Date

Daytime Phone #

CR2E034 (9/01)