

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050042

Entity Name
STERLING TITLE SERVICES, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90213 027 ***150.00

A0065300



DO NOT WRITE IN THIS SPACE

Principal Place of Business 729 S. FEDERAL HIGHWAY., SUITE 210 STUART FL 34994	Mailing Address 729 S. FEDERAL HIGHWAY., SUITE 210 STUART FL 34994
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2. Principal Place of Business 320 W. OCEAN Blvd Suite, Apt. #, etc.	3. Mailing Address P.O. Box 2394 Suite, Apt. #, etc.
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City & State STUART FL	City & State STUART FL
Zip 34994	Zip 34995
Country US	Country US

4. FEI Number 65-0846576	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HACKNEY, ROBERT C 2000 PGA BLVD., SUITE 4410 N. PALM BEACH FL 33408
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7. Name and Address of New Registered Agent Name Michael J. McNicholas Street Address (P.O. Box Number is Not Acceptable) 320 W OCEAN Blvd City STUART FL Zip Code 34994

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 <i>Michael McNicholas</i> Signature, typed or printed name of registered agent and title if applicable	Michael McNicholas Pres (NOTE: Registered Agent signature required when reinstating)	4/26/01 DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>
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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCNICHOLAS, MICHAEL J 2961 N.E. HEATHER COURT JENSEN BEACH FL 34957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZARRO, PASQUALE G 5628 S.E. LAMAY DRIVE STUART FL 34997 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Michael McNicholas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Michael McNicholas Pres 4/26/01 561-781-0411
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CITR2034 (10/00)