2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071042 1. Entity Name STERLING FINE ART PHOTOGRAPHY, INC.					FILED Aug 03, 2000 8:00 am Secretary of State 08-03-2000 90001 009 ***400.00		
Principal Place of Business 1630 S ORLANDO AVE MAITLAND FL 32757 US		Mailing Address 1630 S ORLANDO AVE MAITLAND FL 32751-6421 US				0 90106 01 3 ** *	150.00
2. Principal Place of Business 1630- STOKLANDS AVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State / P/		City & State		4. F	El Number 59-3548570		plied For t Applicable
Zip 7	Country	Zip	Country		Sertificate of Status Desired	\$8.75 Add	
377	6. Name and Address of Current F	Registered Agent		7. N	lame and Address of New Reg	<u>-</u> _	
STERLING, JUNIOR 1630 S ORLANDO AVE MAITLAND FL 32757				Street Address (P.O. Box Number is Not Acceptable) City Zip Code			
8. The above named entity submits this statement for the purpose of changing its registers				registered age	ent, or both, in the State of Florid	FL Zip Code	-
SIGNATURE.	Signature, typed or printed name of registered agent a		egistered Agent aignati.			DATE	}
9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) Tax filling requirement and elects to do so. See criteria on back) Tax filling requirement and elects to do so. Make Check Payable to De				50.00	10. Election Campaign Finan Trust Fund Contribution.	cing \$5.0	O May Be to Fees
11.	OFFICERS AND I		12.	ADI	DITIONS/CHANGES TO OFFICE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PST STERLING, JUNIOR 1630 S ORLANDO AVE MAITLAND FL 32757	☐ Delete i	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	CR2E034 (9/89)
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition ☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS.		☐ Delete	TITLE NAME - STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	€	Delete , :	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
	ertify that the information supplied with on this report or supplemental sport is poration or the receiver or trustee empo or on an attachment with apparence, w	this filing does not qualify for the firue and accurate and that my wered to execute this report as with all other like empowered.		ed in Section 1 ave the same le pter 607, Florid	119.07(3)(i), Florida Statutes. I fu egal effect as if made under oat la Statutes; and that my name a	rther certify that the in h; that I am an officer ppears in Block 11 or	aformation or director Block 12 if
SIGNATURE: SIGNATURE: SIGNATURE OF SIGNING OFFICER OF DIRECTOR Day Dayling Proce #							