

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
 02-13-2001 90565 038 ***150.00

DOCUMENT # P98000071042

1. Entity Name
STERLING FINE ART PHOTOGRAPHY, INC.

Principal Place of Business

Mailing Address

**1630 S ORLANDO AVE
 MAITLAND FL 32751
 US**

**1630 S ORLANDO AVE
 MAITLAND FL 32751
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1630 S Orlando Ave
 Suite, Apt. #, etc.
 MAITLAND FL
 City & State**

3. Mailing Address

**1630 S Orlando Ave
 Suite, Apt. #, etc.
 MAITLAND FL
 City & State**

4. FEI Number **59-3548570**

Applied For
 Not Applicable

Zip **32751** Country **USA**

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

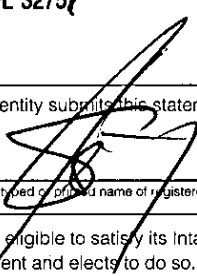
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STERLING, JUNIOR
 1630 S ORLANDO AVE
 MAITLAND FL 32751**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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  DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
 NAME **STERLING, JUNIOR**
 STREET ADDRESS **1630 S ORLANDO AVE**
 CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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

Date **2/9/01** Daytime Phone # **629-8874**

CR2E034 (10/00)