

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071042

1. Entity Name  
STERLING FINE ART PHOTOGRAPHY, INC.

FILED

03 JAN 17 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1630 S ORLANDO AVE  
MAITLAND FL 32757  
US

Mailing Address  
1630 S ORLANDO AVE  
MAITLAND FL 32757  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State



DO NOT WRITE IN THIS SPACE 02-03

4. FEI Number 59-3548570  
Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
STERLING, JUNIOR  
1630 S ORLANDO AVE  
MAITLAND FL 32757

7. Name and Address of New Registered Agent  
Name JE. STERLING  
Street Address (P.O. Box Number is Not Acceptable)  
1630 S ORLANDO AVE  
City MAITLAND State FL Zip Code 32757

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 1-14-03

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**  
After September 13, 2002 Fee will be \$750.00  
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	<input type="checkbox"/> Delete
NAME	PST STERLING, JUNIOR
STREET ADDRESS	1630 S ORLANDO AVE
CITY-ST-ZIP	MAITLAND FL 32757
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500009720545
STREET ADDRESS	12/27/02--01067--014 **550.00
CITY-ST-ZIP	500009720545
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12/27/02--01067--015 **200.00
STREET ADDRESS	500009720545
CITY-ST-ZIP	01/23/03--01032--023 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)