P98000075993

DOCUMENT # 1. Entity Name

STIRLING INTERNATIONAL REALTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

115 INTERNATIONAL PKWY HEATHROW FL 32746

115 INTERNATIONAL PKWY HEATHROW FL 32746

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State



DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 59-3530923 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

SODERSTROM, ROGER W 115 INTERNATIONAL PKWY **HEATHROW FL 32746** 

Zip Code

DATE

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.

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable.

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 12, 2001 Fee will be \$750.00

Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

City

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Change ☐ Addition TITLE SODERSTROM, TANSEY M NAME NAME STREET ADDRESS 115 INTERNATIONAL PKWY STREET ADDRESS **HEATHROW FL 32746** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SODERSTROM, ROGER W NAME NAME 115 INTERNATIONAL PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **HEATHROW FL 32746** Delete -Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: 0

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

□ Delete

Change

☐ Addition