

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90037 035 ***150.00

DOCUMENT # P99000003372

1. Entity Name
STERLING QUALITY HOMES, INC.

Principal Place of Business 8 FELICIA COURT PALM COAST FL 32137. 53 Christopher Ct. PALM COAST FL 32137	Mailing Address 8 FELICIA COURT PALM COAST FL 32137-8108 53 Christopher Ct PALM COAST FL 32137
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00020200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 53 Christopher Ct PALM COAST FL 32137	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PALM COAST FL 32137	City & State SAME	4. FEI Number 593550546	Applied For <input type="checkbox"/> Not Applicable
Zip 32137	Country FLA/GER	Zip SAME	Country SAME

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
**MOSES, GARY W
 8 FELICIA COURT
 PALM COAST FL 32137**

**MOSES, GARY W
 53 Christopher Ct
 PALM COAST FL
 32137**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 *Gary W. Moses* **GARY W. MOSES** DATE 1/19/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MOSES, GRAY W 8 FELICIA COURT PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COSTA, JOHN B SR. 8 FELICIA COURT PALM COAST FL 32137	<input checked="" 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	DPST GRAY W. MOSES, GARY W 53 Christopher Ct. PALM COAST FL 32137	<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

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: *Gary W. Moses* **GARY W. MOSES** DATE 1/19/2000 DAYTIME PHONE # 904-445-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)