

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003372

1. Entity Name

STERLING QUALITY HOMES, INC.

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90037 035 ***150.00

Principal Place of Business

Mailing Address

8 FELICIA COURT
PALM COAST FL 32137

8 FELICIA COURT
PALM COAST FL 32137-8108

53 Christopher Ct.
PALM COAST FL 32137

53 Christopher Ct
PALM COAST FL 32137

2. Principal Place of Business

53 Christopher Ct 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

Not Applicable

Zip

32137

Country

FLA/GER

Zip

SAME

Country

SAME

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

MOSES, GARY W
8 FELICIA COURT
PALM COAST FL 32137

MOSES, GARY W
53 Christopher Ct
PALM COAST FL
32137

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

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

(NOTE: Registered Agent signature required when reinstating)

1/19/2000
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Gary W. Moses
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2000
Date

Daytime Phone #

904-445-4663

CR2E034 (9/99)