

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030634

1. Entity Name

STERLING AVCAATION RENTALS, INC.

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

02-14-2000 90175 003 ***150.00

Principal Place of Business Mailing Address
4520 GOLF CLUB LN. 4520 GOLF CLUB LN.
BROOKSVILLE FL 34609 BROOKSVILLE FL 34609-0303

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3571407 Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NESSLER, PAUL H JR
4052 COMMERCIAL WAY
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name Gail Z. Spada
Street Address (P.O. Box Number is Not Acceptable) 4520 GOLF CLUB LANE
City Brooksville FL Zip Code 34609

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 Gail Zinser Spada (Gail Zinser - Spada) 2/7/00
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, 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	vice President	<input type="checkbox"/> Delete
NAME	Gail Z. Spada	
STREET ADDRESS	4520 GOLF CLUB LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME	Anthony F. Spada	
STREET ADDRESS	4520 GOLF CLUB LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME	James D. Travers	
STREET ADDRESS	4383 MALLARD LAKE DR	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	President	<input type="checkbox"/> Delete
NAME	Carol A. Travers	
STREET ADDRESS	4383 MALLARD LAKE DR	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
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		
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		
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: Gail Zinser Spada 2/7/00 3527962520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #