

2001 UNIFORM BUSINESS REPORT (UBR)

02-01-2001 908 026 150.00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED
 FEB - 1 PM 4: 10

DOCUMENT # P99000030634

1. Entity Name
STERLING AVCAATION RENTALS, INC.
(Vacation)

Name corrected km

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-3571407**
 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
SPADA, GAIL Z
~~4552 COMMERCIAL WAY~~ *4520 Golf Club Lane*
 BROOKSVILLE FL 34609

7. Name and Address of New Registered Agent
 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: *Gail Ziser Spada* *Gail Ziser-Spada* *1/24/01*
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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	VP	<input type="checkbox"/> Delete
NAME	SPADA, GAIL Z	
STREET ADDRESS	4520 GOLF CLUB LN	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPADA, ANTHONY F	
STREET ADDRESS	4520 GOLF CLUB LN	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAVERS, JAMES D	
STREET ADDRESS	4303 MALLORD LAKE DR	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	P	<input type="checkbox"/> Delete
NAME	TRAVERS, CAROL A	
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		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>4383 Mallard Lake Drive</i>	
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 Ziser Spada* *Gail Ziser-Spada* *1/24/01* *352-796-2520*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)

2/7/01