FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90034 046 ***150.00

DOCUMENT # P99000049213

1. Entity Name
STERLING FINANCIAL COMPANY, INC.

DO NOT WRITE IN THIS SPACE

B0061553

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1131 E. VINE ST	1131 E. VINE ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FL	City & State: KISSIMMEE, FL
Zip: 34744 Country: OSCEOLA	Zip: 34744 Country: OSCEOLA

4. FEI Number: 59-365-7250 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HARRELL, MICHAEL W
Street Address (P.O. Box Number is Not Acceptable): 10 CAROLINA AVE.
City: ST. CLOUD **FL** Zip Code: 34769

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 ____________________
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DPT	TITLE	
NAME	WILLIAMS, WALKER	NAME	
STREET ADDRESS	1820 KING JAMES ROAD	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	CITY-ST-ZIP	
TITLE	DVPS	TITLE	
NAME	HARRELL, MICHAEL W.	NAME	
STREET ADDRESS	10 CAROLINA, AVE.	STREET ADDRESS	
CITY-ST-ZIP	SAINT, CLOUD FL 34769	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MICHAEL W. HARRELL 4/1/2002 407 933 2513