## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000051054

Name: Address:

City-St-Zip:

Entity Name: STERLING SHORES 300, INC.

FILED May 01, 2002 8:00 AM Secretary of State

**Current Principal Place of Business:** New Principal Place of Business: 34851 EMERALD COAST PKWY 34851 EMERALD COAST PKWY SUITE 150 STE 150 DESTIN, FL 32541 DESTIN, FL 325413354 US **Current Mailing Address: New Mailing Address:** 34851 EMERALD COAST PKWY 34851 EMERALD COAST PKWY SUITE 150 STE 150 DESTIN, FL 325413354 US DESTIN, FL 32541 FEI Number: 59-3607589 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUNNELS, DAVAGE J III RUNNELS, DAVAGE J III 36468 EMÉRALD COAST PARWAY 36468 EMÉRALD COAST PKWY BLDG. II, SUITE 2101 STE 2101 DESTIN, FL 325413723 US DESTIN, FL 32541 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: 05/01/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition RUNNELS, DAVAGE J JR RUNNELS, DAVAGE J JR Name: Name: 34851 EMERALD COAST PKWY., STE 150 Address: 4324 CARRIAGE PL Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 325413453 US ( ) Delete DV Title: (X) Change ( ) Addition Title: Name: MCNEIL. JOHN A JR Name: MCNEIL. JOHN A JR `4502 OLDE PLANTATION PLACE 4502 OLDE PLANTATION PL Address: Address: DESTIN, FL 325413425 US DESTIN, FL 32541 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: ( ) Change (X) Addition DV MCNEIL, J. GARRETT Name: Name: 4502 OLDE PLANTATION PL Address Address: City-St-Zip: City-St-Zip: DESTIN, FL 325413425 US Title: () Delete Title: ST ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

KLINE, THOMAS W

220 MATTIES WAY

DESTIN, FL 325413421 US

SIGNATURE: THOMAS W. KLINE S 05/01/2002