

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90375 019 \*\*\*150.00

DOCUMENT # P99000069157

1. Entity Name  
STERLING CONSTRUCTION SERVICES INCORPORATED



Principal Place of Business

~~4838 NW 57TH LANE~~  
~~CORAL SPRINGS FL 33067~~

Mailing Address

~~4838 NW 57TH LANE~~  
~~CORAL SPRINGS FL 33067~~

2. Principal Place of Business

101 NE Third Avenue

Suite, Apt. #, etc.

Suite 1500

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Address

101 NE Third Avenue

Suite, Apt. #, etc.

Suite 1500

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0938782

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~LIPSON, SAUL B~~

~~1515 UNIVERSITY DRIVE~~

~~222~~

~~CORAL SPRINGS FL 33071~~

~~BOB~~

7. Name and Address of New Registered Agent

Name ROBERT F. MAHONEY, PA

Street Address (P.O. Box Number is Not Acceptable) 1777 GLADES RD, STE 209

City BOCA RATON FL 33434

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

ROBERT F. MAHONEY, P.A. 4/17/03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PC ☐ Delete  
NAME CROCKETT, STERLING  
STREET ADDRESS 4838 NW 57TH LANE  
CITY-ST-ZIP CORAL SPRINGS FL 33067-4

TITLE VD ☐ Delete  
NAME JACKSON FISHER, NICOLE  
STREET ADDRESS 4838 NW 57 LN  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE TDS ☐ Delete  
NAME JACKSON CROCKETT, FLORENCE  
STREET ADDRESS 4838 NW 57 LN  
CITY-ST-ZIP POMPANO BEACH FL 33067

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NICOLE FISHER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

954.332.8777  
Daytime Phone #

CR2E034 (10/02)