

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S68151**

1. Entity Name

STERLING MANUFACTURING, INC.

Principal Place of Business

**2226 8TH STREET
SARASOTA FL 34237
US**

Mailing Address

**P.O. BOX 4174
SARASOTA FL 34230
US**

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 **65-0279897**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**JACKSON, GARY E.
4226 PASADENA CIRCLE
SARASOTA FL 34233**

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

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ROUTH, T. RAY J	42 VIC EDWARDS RD.	SARASOTA FL	

V	JACKSON, GARY E.	4226 PASADENA CIR.	SARASOTA FL	<input type="checkbox"/> Delete
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T	JACKSON, SUSAN A	4226 PASADENA CIRCLE	SARASOTA FL	<input type="checkbox"/> Delete
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S	ROUTH, SCOTT C	5406 MINK ROAD	SARASOTA FL	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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:

Thomas Routh Jr T. Ray Routh Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01

Date

941 955 8787

Daytime Phone #

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90057 041 ***150.00

941809

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)