

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90146 004 ***150.00

DOCUMENT # S92848

1. Entity Name
STERLING CHASE DEVELOPMENT, INC.



Principal Place of Business
**952-B BIG TREE ROAD
SOUTH DAYTONA FL 32119
US**

Mailing Address
**PO BOX 214578
SOUTH DAYTONA FL 32121-578
US**

2. Principal Place of Business
131-B Business Center Dr

3. Mailing Address
P.O. Box 1626

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 11

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

4. FEI Number **59-3096900**

Applied For

Not Applicable

Zip
32174

Country
USA

Zip
32175

Country
USA

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

6. Name and Address of Current Registered Agent

**JAMES R. BLEDSOE
952-B BIG TREE ROAD
SOUTH DAYTONA FL 32119**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
131-B Business Center Drive

Suite 11

City
Ormond Beach

FL

Zip Code
32175

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.

James Ronnie Bledsoe, President

3-24-03

(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 NAME STREET ADDRESS CITY-ST-ZIP	DP JAMES R BLEDSOE 952-B BIG TREE ROAD SOUTH DAYTONA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLEDSOE, JAMES R. 952 B BIG TREE RD SOUTH DAYTONA FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BLEDSOE, LORE L 952-B BIG TREE ROAD SOUTH DAYTONA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLIGER, STEPHEN B 3921 S NOVA RD PORT ORANGE FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 131-B Business Center Drive, Suite 11 Ormond Beach, FL 32175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 131-B Business Center Drive, Suite 11 Ormond Beach, FL 32175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 131-B Business Center Drive, Suite 11 Ormond Beach, FL 32175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

 SIGNATURE REQUIRED

James Ronnie Bledsoe

3-24-03

386-676-1501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)