## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 21, 2002 8:00 am Secretary of State P00000116424 DOCUMENT # 1. Entity Name 05-21-2002 91177 040 \*\*\*150.00 STARLITE AUTO BODY, INC. Mailing Address Principal Place of Business 3671 PROSPECT AVE 1532 43 STREET WEST PALM BEACH FL 33407 RIVERA BEACH FL 33407 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1060571 Not Applicable 7in Country \$8.75 Additional Country Zip 5. Certificate of Status Desired. \_\_\_\_ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOSES, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1532 43 STREET WEST PALM BEACH FL 33407 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete NAME MOSES, ROBERT NAME 1532 43 STREET STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-ZIP **VD** ☐ Delete TITLE ☐ Change ☐ Addition TITLE MOSES, YVONNE NAME NAME 1532 43 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST\_ZIP WEST PALM BEACH FL 33407 TITLE Ghange - Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: