2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90005 005 ***150.00

DOCUMENT # P99000017169	
STARLIGHT SERVICES OF PALM BEACH, INC.	
	GO WET

Principal Place of Business 4300 N FLAGLER DR

WEST PALM BEACH FL 33407

Mailing Address 4300 N FLAGLER DR

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WEST PALM BEACH FL 33407

2. Principal P	lace of Business	3. Mailing Address 4215 N FIAA	IPP Ar					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>		CHECK HERE IF	MAKING CHANGES	5	
City & Stan	Palm Beach	Wist Palm B	each	4.	FEI Number 65-0905 102		Applied For Not Applicable	
Zip F	LBHOT Country U.S.	Zip F L 33407	Country U.S	5.	Certificate of Status Desired	S8.75 Ac Fee Requir		
6. Name and Address of Current Registered Agent				7.	7. Name and Address of New Registered Agent			
TURPIN, TRAYNTER B			Name Stroot A	Name Traynter B. Turpin Street, Address (P.O. Box Number is Not Acceptable)				
#17 4300 POINSETTIA AVE.			42	4215 N. Flagler DRIVE				
WEST PALM BEACH FL 33407					J			
			City	UST P	alm Blach	FL Zip 3	3407	
	named entity submits this statement for	the purpose of changing its re	gistered office or	registered aç	gent, or both, in the State of Florid	da. I am familiar with	n, and accept	
the obligat	ions of registered algent.					1/2/10	,	
SIGNATURE						1/3/03	5	
-	Signature, typed or printed name of register - sname	ra inte if applicable. (NOTE: R	egistered Agent signatu	re required when r	reinstating)	DATE		
₩ F	LE NOW!!! FEE IS \$150.00				9. Election Campaign Finar	ncina \$5	00 May Be	
. Απει	May 1, 2003 Fee will be \$550.00	-			Trust Fund Contribution.		ed to Fees	
Make Check	Payable to Florida Department of							
10.	OFFICERS AND I		11.		DDITIONS/CHANGES TO OFFIC			
TITLE NAME	D Turpin, traynter b	☐ Delete	TITLE NAME	Tray	nter B.Turpin N. Flagier DR Palm Beach, FL	Change	Addition	
	#17 4300 POINSETTIA AVE.		STREET ADDRESS	4215	N. Flugier or		İ	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		CITY-ST-ZIP	west,	Paim Beach, 1-L	33401	I	
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STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	•		CITY-ST-ZIP				ľ	
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NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
<u> </u>								

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.