

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-06-2003 90091 026 ***150.00

DOCUMENT # S33265

1. Entity Name
STARRCO AUTO TRIM, INC.



Principal Place of Business
**4690 SPRUCE CREEK RD
DAYTONA BEACH FL 32127**

Mailing Address
**PO BOX 2191
DAYTONA BEACH FL 32115**

2. Principal Place of Business
Same as Above

3. Mailing Address
Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3054360

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINKLER, DAVID C
2958 OCEANS TRACE
DAYTONA BEACH FL 32118**

Name
John B. Kenemer

Street Address (P.O. Box Number is Not Acceptable)
4690 Spruce Creek Rd

City **Port Orange** **FL** Zip Code **32127**

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 **John B. Kenemer** **John B. Kenemer DPT** **2-3-03**
Signature, typed or printed name of registered agent and title if applicable. (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** ☐ Delete
NAME **KENEMER, JOHN**
STREET ADDRESS **5809 SPRUCE CREEK ROAD**
CITY-ST-ZIP **DAYTONA BEACH FL 32127**

TITLE **DV** ☒ Change ☐ Addition
NAME **Kenemer, John**
STREET ADDRESS **4690 Spruce Creek Rd**
CITY-ST-ZIP **Port Orange, FL 32127**

TITLE **DPT** ☐ Delete
NAME **KENEMER, JOHN**
STREET ADDRESS **5809 SPRUCE CREEK RD**
CITY-ST-ZIP **DAYTONA BEACH FL 32127**

TITLE **DPT** ☒ Change ☐ Addition
NAME **Kenemer, John**
STREET ADDRESS **4690 Spruce Creek Rd**
CITY-ST-ZIP **Port Orange, FL 32127**

TITLE **SD** ☐ Delete
NAME **KENEMER, TASHA M**
STREET ADDRESS **5809 SPRUCE CREEK RD**
CITY-ST-ZIP **DAYTONA BEACH FL 32127**

TITLE **SD** ☒ Change ☐ Addition
NAME **Kenemer, Tasha**
STREET ADDRESS **4690 Spruce Creek Rd**
CITY-ST-ZIP **Port Orange, FL 32127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: **John B. Kenemer** **John B. Kenemer** **2-3-03** **386-566-9699**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)