

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 276640

1. Entity Name

STARBRIGHT INVESTMENTS INC

Principal Place of Business

Mailing Address

1631 UNIVERSITY BLVD. WEST
JACKSONVILLE FL 32217

1631 UNIVERSITY BLVD. WEST
JACKSONVILLE FLA 32217-2007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ARMSTRONG, WILLIAM R
1631 UNIVERSITY BLVD W
JACKSONVILLE FL 32217

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, 2000 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
PSTD
ARMSTRONG, WILLIAM R
1631 UNIVERSITY BLVD W
JACKSONVILLE, FL 00000 32217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
ARMSTRONG, BETTY A.
1631 UNIVERSITY BLVD W
JACKSONVILLE FL 32217 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD.
Armstrong, Colan G.
1631 University Blvd W.
Jax Fla 32217 ☒ Change ☐ Add

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William R. Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-10
Date

1-90473750
Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90002 041 ***150.00

C0000010



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1088242

Applied For

Not Applicable

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