## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 287776**

. Entity Name

## FILED Jan 25, 2000 8:00 am Secretary of State

STARLI	TE CONSTRUCTION CORPO	RATION		Secretary of State 01-25-2000 90107 024 ***150.00	
Principal Plac	ce of Business	Mailing Address		<del></del>	
3544 SANREMI SARASOTA FL	•	P. O. BOX 2547 SARASOTA FLA 34230-254 US	<b>17</b>		
2. Principal Place of Business		3. Mailing Address	<del></del>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>	DO NOT WRITE IN THIS SPACE	
Citý & State		City & State		45 FEI Number 59-1096782 Applied For Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
3544	TEL, MARIANNE S. 4 SAN REMO TERRACE ASOTA, FL FL 34239		Street Addres  City	ss (P.O. Box Number is Not Acceptable)	
8. The above	e named entity submits this statement for signature, typed or printed name of registered agent		s registered office or regis	stered agent, or both, in the State of Florida.	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so ria on back)	FILE NOW After MAY 1, 2	!!! FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of S	0 10. Election Campaign Financing \$5.00 Ma	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD     KEITEL, MARIANNE S.   3544 SAN RENO TERR   SARASOTA FL	- Delete ~	TITLE ~  NAME  STREET ADDRESS  CITY-ST-ZIP	··· Change	
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13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trystee emp or on an attackment with an address,	n this filing does not qualify to strug and accurate and that owned to execute this report with all gives like eropowered	the exemption stated in the signature shall have the as equired by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director, Florida Statutes; and that my name appears in Block 11 or Block	ation actor ( 12 i

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAPE OFFICER OR DIRECTOR

SHA

1-18-5000

941-955-707(

Daytime Phone #