FILED Apr 10, 2002 8:00 am Secretary of State

04-10-2002 90755 047 ***150.00

2002 UNIF	orm Busi	NESS REP	ORT (UBR
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DOCUMENT # F97350 1. Entity Name REBECCA STARR DESIGNS, INC.

Principal Place of Business

5055 N. A1A VERO BEACH FL 32963

118

Mailing Address

5055 N. A1A

VERO BEACH FL 32963

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



DO NOT WRITE IN THIS SPACE

				39 2233 180		Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Re	aistered	Agent	

7. Name and Address of New Registered Agent

E0_222E 106

Applied For

STARR. REBECCA 5055 N. A1A VERO BEACH FL 32963

				-			
Street Address	(P.O.	Вох	Number	is	Not	Acce	ptable)

4. FEI Number

(NOTE: Registered Agent signature required when reinstating)

Name:

FL

DATE

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. 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, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition NAME STARR, REBECCA NAME STREET ADDRESS 2700 OCEAN RD., APT 200 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STARR, RICHARD DR NAME NAME STREET ADDRESS 9141 SW 193 CIRCLE STREET ADDRESS CITY_ST_ZIP DUNELLON.FL. CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP I hereby certify that the informatindicated on this report or supplied. upplied with this filing does not qua for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Soort is true and accurate a signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rece changed, or on an attachme

SIGNATURE

CITY-ST-ZIP