

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G46185

1. Entity Name

STARLING'S FUEL SERVICE, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90029 047 ***150.00

Principal Place of Business

Mailing Address

% KENNETH O. STARLING
2754 ROSSELLE ST
JACKSONVILLE FL 32205
US

LEROY VANBOSKERCK
2754 ROSSELLE ST
JACKSONVILLE FL 32205-5676
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2299035

Applied For

Not Applicable

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 Registered Agent

STARLING, KENNETH O.
2754 ROSSELLE STREET
JACKSONVILLE FL 32205

is Deceased 1995
July

Name

Le Roy Van Boskerck or Barbara Van Boskerck

Street Address (P.O. Box Number is Not Acceptable)

2754 Rossette Street

Jacksonville, FL 32205

City

Jacksonville, FL 32205

FL

Zip Code

32205

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

Barbara Van Boskerck

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VAN BOSKERCK, LEROY
2754 ROSSELLE ST
JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
VAN BOSKERCK, BARBARA
2754 ROSSELLE ST
JACKSONVILLE FL

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Barbara Van Boskerck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-3-2000 388-6396
904 Daytime Phone #

CR2E034 (9/99)