2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2000 8:00 am Secretary of State **DOCUMENT # H60144** 1. Entity Name STARLETT'S ARTS, INC. 04-10-2000 90058 046 ***150.00 Principal Place of Business Mailing Address 305 BALFOUR DR., WINTER PARK OAKS 305 BALFOUR DR., WINTER PARK OAKS **ROX 109A BOX 109A** บบนบบบ WINTER PARK FL 32792-0442 WINTER PARK FL 32790-0109 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-289 1557 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERNANDEZ, WILLIAM W. Street Address (P.O. Box Number is Not Acceptable) 1309 E. ROBINSON STREET ORLANDO FL 32801-2191 Zip Code City FL 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) 2740 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be. 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 - -Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PCD Addition ☐ Delete TITLE TITLE KAFFLER, STARLET R. NAME NAME 305 BALFOUR DR/ BX 109A STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY ST ZIP-☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITI F Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP

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

SIGNATURE:

Starlet R. KOULDURED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

april 5, 2000/407-677-539/