## 2002 Uniform Business Report (UBR)

## Mar 19, 2002 8:00 am \$ DOCUMENT # H60144 **Secretary of State** 1. Entity Name 03-19-2002 90006 028 \*\*\*150.00 STARLETT'S ARTS, INC. Principal Place of Business Mailing Address 305 BALFOUR DR., WINTER PARK OAKS 305 BALFOUR DR., WINTER PARK OAKS **BOX 109A BOX 109A** WINTER PARK FL 32792-0442 WINTER PARK FL 32792-0442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-289 1557 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERNANDEZ, WILLIAM W. Street Address (P.O. Box Number is Not Acceptable) 1309 E. ROBINSON STREET ORLANDO FL 32801-2191 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. 12. ☐ Addition Change ☐ Delete TITLE TITI F PCD NAME NAME KAFFLER, STARLET R. STREET ADDRESS STREET ADDRESS 305 Balfour DR/ BX 109A CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_ . Addition TITLE Detete TITLE \_[\_] Change\_\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

changed, or on an attachment with an address, with all other like empowered March 3, 2002 (407) 677-5391

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