

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J35538

1. Entity Name

STARR-LITE POOLS OF HIGHLANDS COUNTY, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90169 039 ***158.75

Principal Place of Business

Mailing Address

~~6205 S. U.S. 27 SOUTH~~
6205 US 27 S
SEBRING FL 33870
US

~~6205 S. U.S. 27 SOUTH~~
6205 US 27 S
SEBRING FL 33870-5708
US

2. Principal Place of Business

3. Mailing Address

6205 US 27 S
Suite, Apt. #, etc.

6205 US 27 S
Suite, Apt. #, etc.

City & State

SEBRING FL

City & State

SEBRING FL

4. FEI Number

59-2722984

Applied For

Not Applicable

Zip

Country

33870-5708 HIGHLANDS

Zip

Country

33870-5708 HIGHLANDS

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

STARR, GEORGE M.
2445 W. RUSS ROAD
AVON PARK FL 33825

Name

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

City

FL

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

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	PS	<input type="checkbox"/> Delete
NAME	STARR, GEORGE M	
STREET ADDRESS	2445 W. RUSS RD.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VT	<input type="checkbox"/> Delete
NAME	STARR, ELIZABETH A	
STREET ADDRESS	2445 W. RUSS RD.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

George M. Starr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 2000 863-382-2299
Date Daytime Phone #

CR2E034 (9/99)