

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90122 006 \*\*\*158.75

**DOCUMENT # J35538**

**1. Entity Name**  
**STARR-LITE POOLS OF HIGHLANDS COUNTY, INC.**

**Principal Place of Business**

**6205 US 27 SOUTH**  
**SEBRING FL 33876-5708**  
**US**

**Mailing Address**

**6205 US 27 SOUTH**  
**SEBRING FL 33876-5708**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-2722984**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

**Starr, Daniel J.**

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

**59 Observation Ave. Apt. 2**

City

**Lake Placid**

**FL**

Zip Code  
**33852**

**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 DANIEL J STARR - PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

**4-30-2002**

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, 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**

**TITLE PS** ☐ Delete  
**NAME STARR, GEORGE M**  
**STREET ADDRESS 2445 W. RUSS RD.**  
**CITY-ST-ZIP AVON PARK FL 33825**

**TITLE VT** ☐ Delete  
**NAME STARR, ELIZABETH A**  
**STREET ADDRESS 2445 W. RUSS RD.**  
**CITY-ST-ZIP AVON PARK FL 33825**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE PS** ☒ Change ☐ Addition  
**NAME Starr, George M.**  
**STREET ADDRESS 2445 West Russ Road**  
**CITY-ST-ZIP Avon Park, FL. 33825**

**TITLE VT** ☐ Change ☐ Addition  
**NAME Starr, Elizabeth A.**  
**STREET ADDRESS 2445 West Russ Road**  
**CITY-ST-ZIP Avon Park, FL. 33825**

**TITLE PS** ☐ Change ☒ Addition  
**NAME Starr, Daniel J.**  
**STREET ADDRESS 59 Observation Ave Apt. 2**  
**CITY-ST-ZIP Lake Placid, FL. 33852**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:**

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

Date: **April 30, 2002** Daytime Phone #

CR2E034 (9/01)