2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2002 8:00 AM
Secretary of State

DOCUMENT# L28551

Entity Name: STARLINE DEVELOPMENT CORPORATION

Current Principal Place of Business:

C/O DAVID C. WOLFF
18260 C PAULSON DRIVE
PORT CHARLOTTE, FL 339541017

New Principal Place of Business:

18260-C1 PAULSON DR.
PORT CHARLOTTE, FL 339541017

Current Mailing Address:

C/O DAVID C. WOLFF
18260 C PAULSON DRIVE
PORT CHARLOTTE, FL 339541017

New Mailing Address:

18260-C1 PAULSON DR.
PORT CHARLOTTE, FL 339541017

FEI Number: 65-0165160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLFF, CHERYL J
18260 C PAULSON DRIVE
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

WOLFF, CHERYL J
18260-C1 PAULSON DRIVE
PORT CHARLOTTE, FL 33954 US

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: KRISTINE A. COMPANION 01/10/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: LUBIN, MICHAEL
Address: 420 LINCOLN RD STE #240
City-St-Zip: MIAMI BEACH, FL 33139

Title: V ( ) Delete
Name: COMPANION, KRISTINE A
Address: 18079 DUBLIN AVE
City-St-Zip: PT CHARLOTTE, FL 33948

Title: PD (X) Delete
Name: WOLFF, CHERYL J
Address: 18260 C PAULSON DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: COMPANION, KRISTINE A
Address: 18079 DUBLIN AVE
City-St-Zip: PT CHARLOTTE, FL 33948

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINE A. COMPANION PD 01/10/2002
Electronic Signature of Signing Officer or Director Date