

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007253

1. Entity Name

STARRLIGHT TRUCKING, INC.

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90274 034 ****70.00

Principal Place of Business

807 S. THOMPSON ST
DELAND FL 32720

Mailing Address

807 S. THOMPSON ST
DELAND FL 32720

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

59-3690121

Applied For

Not Applicable

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

Name

GRADY SHEBA

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

807 S THOMPSON ST

City

DELAND

FL

Zip Code
32720

GRADY, SHEBA

1390 S ADELLE AVE
DELAND FL 32720

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

Sheba Grady President

Signature, typed or printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

Feb-15-02

DATE

☒ FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GRADY, SHEBA
STREET ADDRESS 807 THOMPSON ST
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

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

TITLE S
NAME LANE, ELMORE
STREET ADDRESS 1442 HIGH ST
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

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

TITLE D
NAME GRADY, FRANK
STREET ADDRESS 807 S. THOMPSON ST
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

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

TITLE T
NAME CARTER, JOHN
STREET ADDRESS 19 TIMBER COVE
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

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

TITLE D
NAME SCOTT, CRAIG
STREET ADDRESS 1712 GOLFVIEW BLVD.
CITY-ST-ZIP S. DAYTONA FL 32119 ☒ Delete

TITLE D
NAME COLLIERS, NICK
STREET ADDRESS 1807 CROWN WAY
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Change ☒ Addition

TITLE D
NAME COLLIER, JAMES
STREET ADDRESS 3127 DUDLEY DR
CITY-ST-ZIP DELTONA FL 32758 ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb-15-02 386-734-4159

Date

Daytime Phone #

CR2E037 (9/01)