

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90083 015 \*\*\*150.00

**DOCUMENT # P00000053218**

1. Entity Name

**STARLIGHT VENDING INC.**

Principal Place of Business

P.O. BOX 721  
 BELLEVUE FL 34421

Mailing Address

P.O. BOX 721  
 BELLEVUE FL 34421

2. Principal Place of Business

13275 SE 30th Ct

3. Mailing Address

P.O. Box 721

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belleview FL

City & State

Belleview FL

Zip

34420

Country

USA

Zip

34421

Country

USA

4. FEI Number

59-3648429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BUTLER, STEPHANIE**

13275 SE 30TH CT

BELLEVIEW FL 34420

7. Name and Address of New Registered Agent

Name

**Stephanie Butler**

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

13275 SE 30th Ct

City

Belleview

FL

Zip Code

34421

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, 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 VAZQUEZ, PEGGY  
 STREET ADDRESS 3395 SE 136TH PL  
 CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE VT ☐ Delete  
 NAME BUTLER, STEPHANIE  
 STREET ADDRESS 13275 SE 30TH CT  
 CITY-ST-ZIP BELLEVUE FL 32240

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 ☐ 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

TITLE ☐ Change ☐ Addition  
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 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: Stephanie Butler** **Stephanie BUTLER (VP)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02  
 Date

352-307-9362  
 Daytime Phone #

CR2E034 (9/01)