

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90088 024 ***150.00

DOCUMENT # P00000073273

1. Entity Name
STARLORD, INC.



Principal Place of Business
4911 NW 57TH STREET
TAMARAC FL 33319

Mailing Address
4911 NW 57TH STREET
TAMARAC FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1025663

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CROSS, R. KEVIN
801 S FEDERAL HIGHWAY
HOLLYWOOD FL 33020

Name
SUSAN P. COLLIER
Street Address (P.O. Box Number is Not Acceptable)
4911 NW 57 ST
TAMARAC FLA
City
FL **Zip Code**
33319

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Susan P. Collier*
Signature, typed or printed name of registered agent and title if applicable.

SUSAN P. COLLIER
(NOTE: Registered Agent signature required when reinstating)

4/1/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **COLLIER, SUSAN A**
STREET ADDRESS **4911 NW 57TH STREET**
CITY-ST-ZIP **TAMARAC FL 33319**

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

TITLE **VSD** ☐ Delete
NAME **COLLIER, ARTHUR E**
STREET ADDRESS **4911 NW 57TH STREET**
CITY-ST-ZIP **TAMARAC FL 33319**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 607, 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: *Susan P. Collier* **SUSAN P. COLLIER** **4/1/03** **954-535-5992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0251740 AV

CR2E034 (10/02)