

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0434049 AV

DOCUMENT # P00000088292

1. Entity Name
STEPHEN STARR, C.P.A., P.A.



05-01-2003 90288 025 ***150.00

Principal Place of Business
1499 WEST PALMETTO PARK ROAD
SUITE 157
BOCA RATON FL 33486

Mailing Address
1499 WEST PALMETTO PARK ROAD
SUITE 157
BOCA RATON FL 33486



2. Principal Place of Business

3. Mailing Address

1499 WEST PALMETTO PARK RD
Suite, Apt. #, etc.
162

1499 WEST PALMETTO PARK RD
Suite, Apt. #, etc.
162

☒ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number 65-1043912

Applied For
Not Applicable

Zip 33486 Country

Zip 33486 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

STARR, STEPHEN
1499 W J. PALMETTO RD
SUITE 157
BOCA RATON FL 33486

Name
STARR, STEPHEN
Street Address (P.O. Box Number is Not Acceptable)
1499 W PALMETTO PARK RD STE 162
City BOCA RATON FL Zip Code 33486

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

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

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME STARR, STEPHEN
STREET ADDRESS 1499 WEST PALMETTO PARK ROAD
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ 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 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:

STEPHEN STARR, C.P.A., P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)