

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90056 028 ***150.00

DOCUMENT # P01000002290

1. Entity Name
STARLIN ENTERPRISES, INC.

Principal Place of Business
19101 GULF BLVD
INDIAN ROCKS BEACH FL 33785

Mailing Address
19101 GULF BLVD
INDIAN ROCKS BEACH FL 33785

2. Principal Place of Business
~~19101 GULF BLVD~~
 Suite, Apt. #, etc.

3. Mailing Address
 11453 83rd Ave N
 Suite, Apt. #, etc.

City & State

City & State
 Seminole Florida

4. FEI Number
 59-3688438

Applied For
 Not Applicable

Zip 33772 **Country** U.S.

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

STARLIN, RONALD
19101 GULF BLVD
INDIAN ROCKS BEACH FL 33785

Name

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

City **FL** **Zip Code**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **STARLIN, RONALD**
STREET ADDRESS **19101 GULF BLVD**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE **Starlin, Ronald** ☒ Change ☐ Addition
NAME **11453 83rd Ave N**
STREET ADDRESS **Seminole FL 33772**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STARLIN, LOUISE C**
STREET ADDRESS **19101 GULF BLVD**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE **Starlin, Louise** ☒ Change ☐ Addition
NAME **11453 83rd Ave N**
STREET ADDRESS **Seminole FL 33772**
CITY-ST-ZIP

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE ☐ Delete
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: *Ronald E Starlin* **RONALD E STARLIN** **4-18-02** **727-399-9697**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)