

2002 UNIFORM BUSINESS REPORT (UBR)

04-30-2002 90100 0251***150.00

P01000023540

FILED

02 MAY 10 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023540

1. Entity Name

STARFIRE ENTERTAINMENT, INC.

Principal Place of Business

**8639 N HIMES AVE #3223
TAMPA FL 33614**

Mailing Address

**8639 N HIMES AVE #3223
TAMPA FL 33614**

2. Principal Place of Business

14720 Par Club Circle

Suite, Apt. #, etc.

N/A

3. Mailing Address

14720 Par Club Circle

Suite, Apt. #, etc.

N/A

City & State

Tampa / Florida

Zip

33624

Country

Hillsborough

City & State

Tampa / Florida

Zip

33624

Country

Hillsborough

4. FEI Number

59-37015901

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, CONNIE S

8639 N HIMES AVE #3223

TAMPA FL 33614

7. Name and Address of New Registered Agent

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. ☒

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 **D** ☐ Delete
NAME **WRIGHT, CONNIE S**
STREET ADDRESS **8639 N HIMES AVE #3223**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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:

Connie Sue Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)