

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jul 04, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90299 044 \*\*\*150.00

**DOCUMENT # P01000038299**

1. Entity Name  
**STARLIGHT PAVILION, INC.**

Principal Place of Business  
**220 PONTE VEDRA PARK DRIVE**  
**SUITE 160**  
**PONTE VEDRA BEACH FL 32082**

Mailing Address  
**220 PONTE VEDRA PARK DRIVE**  
**SUITE 160**  
**PONTE VEDRA BEACH FL 32082**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>814 Highway A1A North</b> Suite, Apt. #, etc. <b>Suite 204</b> City & State <b>Ponte Vedra Beach, FL</b> Zip <b>32082</b> Country <b>USA</b>		3. Mailing Address <b>814 Highway A1A North</b> Suite, Apt. #, etc. <b>Suite 204</b> City & State <b>Ponte Vedra Beach, FL</b> Zip <b>32082</b> Country <b>USA</b>	
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4. FEI Number <b>59-3733589</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**MILAM & HOWARD, P.A.**  
**50 NORTH LAURA STREET**  
**SUITE 2900**  
**JACKSONVILLE FL 32202**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**P/D**  
**Joseph H. Arnall**  
**814 Highway A1A N. #204**  
**Ponte Vedra Beach, FL 32082**

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-02** **904-280-3135**  
Date Daytime Phone #

CR2E034 (9/01)