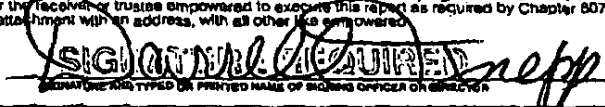


FILED
Jun 05, 2003 8:00 am
Secretary of State

04-16-2003 90266 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000032513			
1. Entity Name SILVER STAR LINER INC			
Principal Place of Business 10070 PITTMAN RD SARASOTA FL 34240		Mailing Address 10070 PITTMAN RD SARASOTA FL 34240	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0911631		Applied For Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent TROYER, PAMELA 7343 N LEEWYNN RD SARASOTA FL 34240		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and day if applicable. (NOTE: Registered Agent signature required when releasing.) 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: Director - President NAME: Darrell Knepp STREET ADDRESS: 10370 Pittman Rd CITY-ST-ZIP: Sarasota, FL 34240 ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: Bookkeeper NAME: Eva Knepp STREET ADDRESS: 10370 Pittman Rd CITY-ST-ZIP: Sarasota, FL 34240 ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ 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.			
SIGNATURE:  SIGNATURE REQUIRED			