

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000001063

1. Entity Name

STARBURST TECHNOLOGIES, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90051 046 ***150.00

0070933

Principal Place of Business

7575 DR PHILLIPS BLVD
STE 205
ORLANDO FL 32819
US

Mailing Address

9113 GALLEON CT
ORLANDO FL 32819

00032855



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7575 Dr. Phillips BV
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

4. FEI Number 59-3149078

Applied For
Not Applicable

Zip
32819

Country
USA

Zip

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

LOWRY, VICKYE L
9113 GALLEON CT
ORLANDO FL 32819

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

4/02/01

Vickye L. Lowry
Vickye L. Lowry, Vice President

(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, 2001 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
D
LOWRY, VICKYE L
9113 GALLEON CT
ORLANDO FL 32819 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOWRY, RICHARD S
9113 GALLEON CT
ORLANDO FL 32819 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

Vickye L. Lowry
Vickye L. Lowry, Vice President

Date

Daytime Phone #

4/2/01 407-345-1130

CR2E034 (10/00)