

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075156

1. Entity Name

SILVER STAR INTERNATIONAL, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90167 029 ***150.00

Principal Place of Business

12200 28TH ST N
ST PETERSBURG FL 33716
US

Mailing Address

12200 28TH ST N
ST PETERSBURG FL 33716-1822
US

2. Principal Place of Business

200 DOUGLAS AVE.

Suite, Apt. #, etc.

3. Mailing Address

200 DOUGLAS AVE

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

Zip

34698

Country

City & State

DUNEDIN FL

Zip

34698

Country

4. FEI Number

59-3270650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAESSLER, MICHAEL
12200 28TH ST N
ST PETERSBURG FL 33716

7. Name and Address of New Registered Agent

Name

MICHAEL E. FAESSLER

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

200 DOUGLAS AVE

City

DUNEDIN

FL

Zip Code

34698

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

Michael E. Faessler

Signature, typed or printed name of registered agent and the applicable.

(NOTE: Registered Agent signature required when reinstating)

04-06-00

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, 2000 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	DPC	<input type="checkbox"/> Delete
NAME	FAESSLER, MICHAEL	
STREET ADDRESS	459 BROADWAY	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	DVST	<input checked="" type="checkbox"/> Delete
NAME	ROSSEEL, JOHN J	
STREET ADDRESS	1170 GULF BLVD #903	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	LAU, JOHN	
STREET ADDRESS	12A KINGSTON, HEIGHT	
CITY-ST-ZIP	BELAIR GARDEN HONG KONG CH 5H	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M S.T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL FAESSLER, MICHAEL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT, SALES & MARKETING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONEGAN, JOHN	
STREET ADDRESS	10261 Woodland Waters Blvd.	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

Michael E. Faessler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-00

Date

727-571-3545

Daytime Phone #

CR2E034 (9/99)