

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90234 023 ***150.00

DOCUMENT # P95000051747

1. Entity Name
SILVER STAR WORLDWIDE AUTO REPAIR, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**74 NORTH YONGE STREET
 ORMOND BEACH FL 32174**

Mailing Address
**74 NORTH YONGE STREET
 ORMOND BEACH FL 32174-4512**

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 **59-3325963**

Applied For
 Not Applicable

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

**RITENOUR, LONNIE
 74 NORTH YONGE STREET
 ORMOND BEACH FL 32174**

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 _____ (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, 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 P	<input type="checkbox"/> Delete
NAME RITENOUR, LONNIE	
STREET ADDRESS 2324 WARDEN TR.	
CITY-ST-ZIP ORMOND BCH. FL 32174	
TITLE V	<input type="checkbox"/> Delete
NAME RITENOUR, SYLVIA	
STREET ADDRESS 2324 WARDEN TR.	
CITY-ST-ZIP ORMOND BCH. FL 32174	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ritenour, Lonnie	
STREET ADDRESS 2219 OLD DIXIE Highway	ADDRESS CHANGE
CITY-ST-ZIP ORMOND BCH. FL 32174	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ritenour, Sylvia	
STREET ADDRESS 2219 OLD DIXIE HIGHWAY	
CITY-ST-ZIP ORMOND BCH. FL 32174	
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	<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 all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/23/00** Daytime Phone # **9046737827**

CR2E034 (9/99)