2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000051747

Entity Name: SILVER STAR WORLDWIDE AUTO REPAIR, INC.

FILED Feb 06, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

74 NORTH YONGE STREET ORMOND BEACH, FL 32174

Current Mailing Address: New Mailing Address:

74 NORTH YONGE STREET ORMOND BEACH, FL 32174

FEI Number: 59-3325963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RITENOUR, LONNIE MOSCA, JOSEPH M 74 NORTH YONGE STREET 74 NORTH YONGE STREET ORMOND BEACH, FL 32174 US US ORMOND BEACH, FL 32174

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: JOSEPH M. MOSCA 02/06/2002

> Electronic Signature of Registered Agent Date

> > Title:

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition RITENOUR, LONNIE MOSCA, JOSEPH M Name: Name: 2219 OLD DIXIE HIGHWAY **5 REFLECTIONS VILLAGE** Address: Address:

City-St-Zip: ORMOND BCH., FL 32174 City-St-Zip: ORMOND BCH., FL 32174

(X) Change () Addition () Delete Name: RITENOUR, SYLVIA Name: MOSCA, JOSEPH M 2219 OLD DIXIE HIGHWAY **5 REFLECTIONS VILLAGE** Address: Address: ORMOND BCH., FL 32174 ORMOND BCH., FL 32174 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition

Name: AQUINO, ENZO Name:

5 REFLECTIONS VILLAGE Address Address: City-St-Zip: City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: JOSEPH M MOSCA 02/06/2002