

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076374

1. Entity Name

SOUTHERN STAR INTERNATIONAL MOTORS, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90083 048 \*\*\*158.75

Principal Place of Business

Mailing Address

2260 WHITFIELD PARK DRIVE  
UNIT J-9  
SARASOTA FL 34243

4103 LAS PALMAS WAY  
SARASOTA FL 34238-4533

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

NOT APPLICABLE

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

ANTHONY, BARBARA A  
4103 LAS PALMAS WAY  
SARASOTA FL 34238

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

(SAME) BARBARA ANTHONY (SD) Barbara A. Anthony 4/5/2000

Signature, typed or printed name of registered agent and title if applicable

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD  
NAME ANTHONY, BARBARA A  
STREET ADDRESS 4103 LAS PALMAS WAY  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE DIRECTOR  
NAME ANTHONY, SCOTT L.  
STREET ADDRESS 4103 LAS PALMAS WAY  
CITY-ST-ZIP SARASOTA, FLORIDA ☐ Change ☒ Addition

TITLE PD  
NAME ANTHONY, LEE J  
STREET ADDRESS 4103 LAS PALMAS WAY  
CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE D  
NAME ANTHONY, GARY  
STREET ADDRESS 7192 HAWKINS RD  
CITY-ST-ZIP SARASOTA FL ☒ Delete  
PLEASE DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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: PRESIDENT-DIRECTOR  
LEE J ANTHONY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2000 (941) 923-2951

Date

Daytime Phone #

CR2E034 (9/99)