

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085330

1. Entity Name

STARS AND STRIPES FOREVER, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90176 024 ***150.00

Principal Place of Business

Mailing Address

675 PASATIEMPO POINT
STE 213
LAKE MARY FL 32746
US

675 PASATIEMPO POINT 213
LAKE MARY FL 32746-5043

Address CORRECTION:

2. Principal Place of Business

3. Mailing Address

191 VILLA DI ESTE TERRACE

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

29-113

City & State

City & State

LAKE MARY, FL

Zip

Country

Zip

Country

32746

USA

4. FEI Number

59-3339557

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

MCNAMARA, ROBIN
675 PASATIEMPO POINT
STE 213
LAKE MARY FL 32746

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

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 VP
NAME MCNAMARA, ROBIN
STREET ADDRESS 675 PASATIEMPO POINT STE 213
CITY-ST-ZIP LAKE MARY FL 32746 ☒ Delete

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

TITLE VP
NAME MCNAMARA, ROBIN
STREET ADDRESS 191 VILLA DI ESTE TERRACE #29
CITY-ST-ZIP LAKE MARY, FL 32746-113 ☐ Delete

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00 (407) 333-4139

Date

Daytime Phone #

CR2E034 (9/99)