

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2000 08:00 AM**
Secretary of State**DOCUMENT # P96000009291****1. Entity Name**
STARLIGHT INDUSTRIES, INC.

Principal Place of Business 9715 WEST BROWARD BLVD., STE. 314 PLANTATION FL 33324	Mailing Address 9715 WEST BROWARD BLVD., STE. 314 PLANTATION FL 33324
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2. Principal Place of Business 9715 WEST BROWARD BLVD.	3. Mailing Address 9715 WEST BROWARD BLVD.
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Suite, Apt. #, etc. PMB 314	Suite, Apt. #, etc. PMB 314
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City & State PLANTATION FL	City & State PLANTATION FL
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Zip 33324	Country	Zip 33324	Country
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4. FEI Number 65-0636913	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PRIDEON PETER A
172 SW 61 AVE

PLANTATION FL 33317 US

7. Name and Address of New Registered Agent

Name
PRIDGEON PETER A
Street Address (P.O. Box Number is Not Acceptable)
172 SW 61 AVE

City
PLANTATION FL Zip Code
33317

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 PETER A. PRIDGEON (SPELLING CORRECTION)****04/12/2000**

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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PRIDGEON MARY E 172 SW 61 AVE PLANTATION FL 33317	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIDGEON PETER A 172 SW 61 AVE PLANTATION FL 33317	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Mary E. Pridgeon**VP** 04/12/2000