2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 08:00 AM
Secretary of State

DOCUMENT # **P97000079554**

1. Entity Name
STAR SHOPPE DIRECT, INC.

Principal Place of Business	Mailing Address
13535 FEATHER SOUND DRIVE	13535 FEATHER SOUND DRIVE
SUITE #200	SUITE #200
CLEARWATER FL	CLEARWATER FL
33762 US	33762 US

2. Principal Place of Business	3. Mailing Address
12415 AUTOMOBILE BLVD.	12415 AUTOMOBILE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER FL	City & State: CLEARWATER FL
Zip: 33762 Country: US	Zip: 33762 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3469561** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE BENEDICT V
13535 FEATHER SOUND DRIVE
SUITE #200
CLEARWATER FL
33762

7. Name and Address of New Registered Agent

Name
WHITE BENEDICT V
Street Address (P.O. Box Number is Not Acceptable)
12415 AUTOMOBILE BLVD.
City
CLEARWATER **FL** Zip Code 33762

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 ____________________ **05/01/2000**
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 NAME STREET ADDRESS CITY-ST-ZIP	D WHITE BENEDICT V 13535 FEATHER SOUND DRIVE #200 CLEARWATER FL 33762	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE BENEDICT V 12415 AUTOMOBILE BLVD. CLEARWATER FL 33762	☒ 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
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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: Benedict V. White D 05/01/2000