

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90340 005 ***150.00

DOCUMENT # P98000044176

1. Entity Name
S + H STARCLOTH LIGHTING, INC.

Principal Place of Business UNIT A THE OLD LAUNDRY CHAMBERCOMBE ROAD ILFRACOMBE, DEVON, ENGLAND EX349-PH	Mailing Address UNIT A THE OLD LAUNDRY CHAMBERCOMBE ROAD ILFRACOMBE, DEVON, ENGLAND EX349-PH
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0836487	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

**LEVEY, JEFFREY E
2665 SOUTH BAYSHORE DRIVE SUITE 1004
COCONUT GROVE FL 33133**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	HUDSON, RICHARD	
STREET ADDRESS	UNIT A THE OLD LAUNDRY CHAMBERCOMBE RD	
CITY-ST-ZIP	ILFRACOMB, DEVON, ENGLAND EX349-PH	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURTHA, TERENCE	
STREET ADDRESS	UNIT A THE OLD LAUNDRY CHAMBERCOMBE RD	
CITY-ST-ZIP	ILFRACOMB, DEVON, ENGLAND EX349-PH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **TERENCE MURTHA** **1 MARCH 2001** **(44)1271-866832**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)