## -~2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000044176 S + H STARCLOTH LIGHTING, INC. Principal Place of Business Mailing Address UNIT A THE OLD LAUNDRY UNIT A THE OLD LAUNDRY CHAMBERCOMBE ROAD CHAMBERCOMBE ROAD ILFRACOMBE, DEVON, ENGLAND EX349-PH ILFRACOMBE. DEVON. ENGLAND EX349-PH 2. Principal Place of Business 3. Mailing Address

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

UNIT A THE OLD LAUNDRY CHAMBERCOMBE RD

UNIT A THE OLD LAUNDRY CHAMBERCOMBE RD

ILFRACOMB, DEVON, ENGLAND EX349-PH

ILFRACOMB, DEVON, ENGLAND EX349-PH

OFFICERS AND DIRECTORS

2665 SOUTH BAYSHORE DRIVE SUITE 1004

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

\_-Zip---- --

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

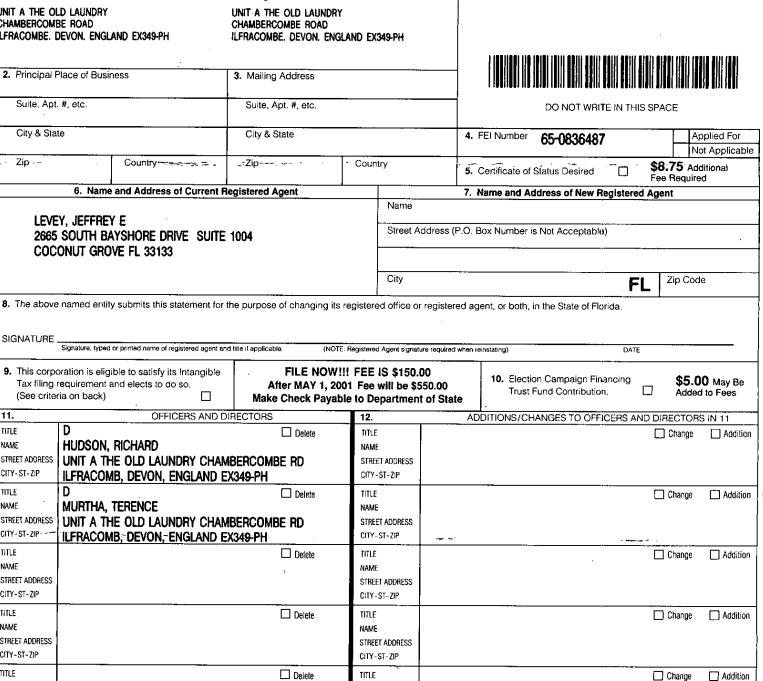
TITLE

NAME

Name

## FILED Mar 05, 2001 8:00 am Secretary of State

03-05-2001 90340 005 \*\*\*150.00



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.

CITY-ST-ZIP

SIGNATURE:

Suite, Apt. #, etc.

LEVEY, JEFFREY E

**COCONUT GROVE FL 33133** 

9. This corporation is eligible to satisfy its Intangible

HUDSON, RICHARD

MURTHA, TERENCE

Tax filing requirement and elects to do so.

City & State

Zip --

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP- -

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

(See criteria on back)

TERENCE MURTHA

MARCH 2001

☐ Change

Addition