

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90071 001 ***150.00

DOCUMENT # P98000078591

1. Entity Name

SILVER STAR LAUNDRIES, INC.

Principal Place of Business

**3134 W NEW HAVEN AVE
 WEST MELBOURNE FL 32904**

Mailing Address

**605 ST ALBANS CT
 UNIT H
 WEST MELBOURNE FL 32904**

2. Principal Place of Business

3134 W. NEW HAVEN

3. Mailing Address

2310 PINEAPPLE AVE

Suite, Apt. #, etc.

W. MELB. FL.

Suite, Apt. #, etc.

EAU GALLIE FL.

City & State

City & State

4. FEI Number

59-3534306

Applied For

☐ Not Applicable

Zip

32904

Country

FLORIDA

Zip

32935

Country

FLORIDA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**AUER, PAMELA W
 605 ST. ALBANS CT., UNIT #H
 WEST MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2310 PINEAPPLE AVE

City

EAU GALLIE

FL

Zip Code

32935

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so: ☐

FILE NOW!!! FEE IS \$150.00

- After May 1, 2002 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

TITLE ☐ Delete
 NAME **PVST**
 STREET ADDRESS **AUER, PAMELA W**
 CITY-ST-ZIP **605 ST. ALBANS CT., UNIT #H
 WEST MELBOURNE FL 32904**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-02 321-951-7818

Date

Daytime Phone #

CR2E034 (9/01)