

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000090877**

1. Entity Name
STARR PHOTOGRAPHIC SERVICES, INC.

Principal Place of Business

**P.O. BOX 523
NOKOMIS FL 34274**

Mailing Address

**P.O. BOX 523
NOKOMIS FL 34274**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1567627

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRAVES, STEPHEN C
1688 SPRING CREEK DR
SARASOTA FL 34239**

Name **TRAVES, STEPHEN C.**
Street Address (P.O. Box Number is Not Acceptable)
1060 DELACROIX CIR.

City **NOKOMIS**

FL Zip Code **34275**

7. Name and Address of New Registered Agent

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, 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 **PT**
NAME **TRAVES, STEPHEN C**
STREET ADDRESS **1688 LAUREL WOODS DR**
CITY-ST-ZIP **NOKOMIS FL 34275**

Delete

TITLE **S**
NAME **LEVITT, YETTA S**
STREET ADDRESS **1688 SPRING CREEK DR**
CITY-ST-ZIP **SARASOTA FL 34239**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT**
NAME **TRAVES, STEPHEN C.**
STREET ADDRESS **1060 DELACROIX CIR.**
CITY-ST-ZIP **NOKOMIS, FL 34275**

Change Addition

TITLE **S**
NAME **LEVITT, YETTA S.**
STREET ADDRESS **1060 DELACROIX CIR**
CITY-ST-ZIP **NOKOMIS, FL 34275**

Change Addition

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:

 **Yetta S. Levitt** **3-7-02** **941-485-1874**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)