

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90026 002 ***150.00

DOCUMENT # P99000101944

1. Entity Name

STARLIGHT HOMES, INC.

R

Principal Place of Business

Mailing Address

2516 S.W. 30TH STREET
CAPE CORAL FL 33914

2516 S.W. 30TH STREET
CAPE CORAL FL 33914

A0074450



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4637 Vincennes Blvd.

3. Mailing Address

4637 Vincennes Blvd.

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

Suite #2

City & State

CAPE CORAL, FLORIDA

City & State

CAPE CORAL, FLORIDA

Zip

33904

Country

Lee

Zip

33904

Country

Lee

4. FEI Number

65-0970543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, CHRISTINE F. ESQ.
1105 CAPE CORAL PARKWAY EAST
SUITE C
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

MIKE MOLLOY

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

419 AVALON DRIVE

City

CAPE CORAL

FL

Zip Code

33904

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

8/21/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOLLOY, MIKE	
STREET ADDRESS	2516 S.W. 30TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOLLOY, TAMMY	
STREET ADDRESS	2516 S.W. 30TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, WOLFGANG	
STREET ADDRESS	2516 S.W. 30TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, ELTRUD	
STREET ADDRESS	2516 S.W. 30TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	419 AVALON DRIVE	
CITY-ST-ZIP	CAPE CORAL, FLA. 33904	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	419 AVALON DRIVE	
CITY-ST-ZIP	CAPE CORAL, FLA. 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/00

CR2F034 (9/99)

ATTACHMENT DOCS: P99000101944
A0074450



Cossentino & Orlando

Accountants
1402 Cape Coral Parkway
Cape Coral, Florida 33904
(941) 945-4939
Fax (941) 945-4938

August 18, 2000

Florida Department of State
Div. of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Starlight Homes, Inc.
#P99000101944

To Whom It May Concern:

I am the accountant for the above-mentioned client. In March of 2000, we contacted the Department of State because my client did not receive his annual filing report. For some reason, his annual report was sent back and we are not sure why, since the address was correct when we called Tallahassee. They said they would send another form immediately, before the May 1 due date. In late April of 2000, we again called and informed the Department of State that we have not received a blank form. We finally received a blank form on August 1st, after another phone call was made. We complained to the Department of State, that because of their error, we did not feel that we were liable for the \$550.00 fee. They advised us that we should send in this letter explaining the circumstances, and that the \$150.00 fee would be accepted.

If you should have any questions, please feel free to contact me.

Thank you,

Sal Cossentino

SC/eg