2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Mar 29, 2000 8:00 am **DOCUMENT # \$29026** 1. Entity Name Secretary of State STARKEY ROAD, INC. 03-29-2000 90021 041 ***150.00 Mailing Address Principal Place of Business . - . 1/12 ... 11900 STARKEY RD 11900 STARKEY RD we print LARGO FL 33773-2725 **LARGO FL 34643 LUU4006U** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3060421 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENBERG, JOANNE Address (P.O. Box Number is Not Acceptable) 17606 LEE AVENUE **REDINGTON SHORES FL 33708** Zip Code FL office or registered agent, or both, in the State of Florida. plent for the purpose of changing its re SIGNATURE (NL TE ed Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition ☐ Delete TITI F TITLE . 5 GREENBERG, LEONARD NAME STREET ADDRESS STREET ADDRESS 17606 LEE AVE CITY-ST-ZIP CITY-ST-ZIP REDINGTON SHORES FL ☐ Addition Change TITLE Delete TITLE NAME GREENBERG, JOANNE NAME STREET ADDRESS 17606 LEE AVE STREET ADDRESS í. CITY-ST-ZIP CITY-ST-ZIP REDINGTON SHORES FL Change ☐ Addition Delete TITI F TITLE وفي و GREENBERG, JOANNE NAME 17606 LEE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP REDINGTON SHORES FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in the 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 trusted employed 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.

PEO OR PRINTED NAME OF SIGNING OFFICER OF