

1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL -3 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F990000006323**

1. Entity Name
Star Tobacco and Pharmaceuticals, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
801 Liberty Way

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Chester, VA

City & State

4. FEI Number
54-1564447

Applied For
Not Applicable

Zip
23836

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CT Corporation System

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

1200 South Pine Island Road

City **Plantation** FL Zip Code **33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

P/D
TITLE NAME
Paul H. Lamb, III
STREET ADDRESS
801 Liberty Way
CITY-ST-ZIP
Chester, VA 23836

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
**000007074140--
-08/13/02--01038--003
****150.00 ****150.00**

V
TITLE NAME
Sheldon Bogaz
STREET ADDRESS
801 Liberty Way
CITY-ST-ZIP
Chester, VA 23836

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

S/T/D
TITLE NAME
David M. Dean
STREET ADDRESS
801 Liberty Way
CITY-ST-ZIP
Chester, VA 23836

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

D
TITLE NAME
Michael C. Bujakowski
STREET ADDRESS
801 Liberty Way
CITY-ST-ZIP
Chester, VA 23836

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/02 (804)530-0535
Date Daytime Phone

CE2E0348 (12/01)



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June 27, 2002

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

Gentlemen:

Enclosed please find our 2002 Uniform Business Report and check for \$150.00 for filing fee. The forms for filing the return were not received and we would, therefore, like to request that the late fee be waived. Also, please note the name change from Star Tobacco and Pharmaceuticals, Inc. to Star Tobacco, Inc. I am enclosing a copy of the Certificate of Amendment for your records.

If you have any questions, or need any additional information, please give me a call at (804) 530-0535. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Bonnie H. Brown".

Bonnie H. Brown
Accounting Administrator

Enclosures