

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90008 038 ***158.75

DOCUMENT # P95000073132
1. Entity Name
ALL STAR AIR INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2051 W Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address
SAME AS LISTED
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jensen Beach FL

City & State
—

4. FEI Number
59-3335706

Applied For
Not Applicable

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

Zip Country
34957 USA

Zip Country
—

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DAVID POLING

Street Address (P.O. Box Number is Not Acceptable)
1873 SW ANNES STREET
City State Zip Code
PORT ST LUCIE FL 34953

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 DAVID POLING 1/28/02
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)

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

TITLE P	DAVID POLING 1873 SW ANNES STREET PORT ST LUCIE FL 34953
TITLE V	PAULINE BUTTON 1873 SW ANNES ST PORT ST LUCIE FL 34953
TITLE S	PAULINE BUTTON SAME
TITLE T	DAVID POLING SAME
TITLE NAME	
TITLE NAME	

TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

**DO NOT WRITE
IN THIS SPACE**

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] 1/28/02 (561) 873-4508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)