

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90048 043 ***150.00

DOCUMENT # P96000067952

1. Entity Name

STAR-COMM TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

441 DEL PRADO BLVD.
 SUITE #3
 CAPE CORAL FL 33909

441 DEL PRADO BLVD.
 SUITE #3
 CAPE CORAL FL 33909-2220

2. Principal Place of Business

2118 S.W. 12 ave.

Suite, Apt. #, etc.

3. Mailing Address

2118 S.W. 12ave

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

City & State

Cape Coral Florida

4. FEI Number

65-0690736

Applied For

Not Applicable

Zip

Country

33991

Lee

Zip

Country

33991

Lee

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACHMAN, BRADLEY S
441 DEL PRADO BLVD N
STE 3
CAPE CORAL FL 33909

Name

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

City

FL

Zip Code

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

Bradley S. Bachman pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-14-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BACHMAN, BRAD	2118 SW 12TH AVE.	CAPE CORAL FL 33991	<input type="checkbox"/>
S	MARSHALL, RICK	11923 PICNIC CHARLES CT	CAPE CORAL FL 33991	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Bradley S. Bachman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

941-574-2275

Daytime Phone #

Bradley S. Bachman

CR2E034 (9/99)