

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90006 001 \*\*\*550.00  
 08-11-2000 90006 002 \*\*\*\*\*8.75

**DOCUMENT # P98000014265**

1. Entity Name  
**F-STAR, INC.**

Principal Place of Business  
**200-A JOHN KNOX RD  
 TALLAHASSEE FL 32303-6643**

Mailing Address  
**200-A JOHN KNOX RD  
 TALLAHASSEE FL 32303-6643**

2. Principal Place of Business  
**11949 Acme Rd.**

Suite, Apt. #, etc.

3. Mailing Address  
**11949 Acme Rd.**

Suite, Apt. #, etc.

City & State  
**West Palm Bch, FL**

Zip  
**33414**

Country

City & State  
**West Palm Bch, FL**

Zip  
**33414**

Country

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-0000**

7. Name and Address of New Registered Agent

Name **Stephen Allen Hainline**

Street Address (P.O. Box Number is Not Acceptable)  
**11949 Acme Rd.**

City **West Palm Bch FL** Zip Code **33414**

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 **Stephen Allen Hainline** DATE **8/2/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SALVA, GEORGIA</b>		NAME		
STREET ADDRESS	<b>775 SOUTH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIDDLEBURY CT 06762</b>		CITY-ST-ZIP		
TITLE	<b>DS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SALVA, APRIL</b>		NAME		
STREET ADDRESS	<b>516 MAIN ST N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SOUTHURY CT 06488</b>		CITY-ST-ZIP		
TITLE	<b>DT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SALVA, ROBERT</b>		NAME		
STREET ADDRESS	<b>516 MAIN ST N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SOUTHURY CT 06488</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SALVA, SKLER</b>		NAME		
STREET ADDRESS	<b>516 MAIN ST N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SOUTHURY CT 06488</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SALVA, FRANK</b>		NAME		
STREET ADDRESS	<b>775 SOUTH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIDDLEBURY CT 06762</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SALVA, TREVAR J</b>		NAME		
STREET ADDRESS	<b>775 SOUTH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIDDLEBURY CT 06762</b>		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 an other-like empowered.

SIGNATURE: **[Signature]** DATE **8/3/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (5/00)