FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jul 13, 2001 8:00 am 322658 DOCUMENT # Secrétary of State 1. Entity Name SHINING STAR INVESTMENTS, INC. 07-13-2001 90006 041 \*\*\*150.00 Principal Place of Business Mailing Address 264 HUNTLEY OR S 264 HUNTLEY OR S. C0073360 LAKE PLACID FL 33852 LAKE PLACID FL 33852 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1195810 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRUITT, ZOLA Street Address (P.O. Box Number is Not Acceptable) 264 HUNTLEY DR. S. LAKE PLACID FL 33852 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Addition TRUITT, ZOLA NAME NAME 264 HUNTLEY DRIVE SOUTH STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TRUITT, JR., J.C. NAME STREET ADDRESS 264 HUNTLEY DR SOUTH STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME TRUITT, CURTRIGHT C NAME STREET ADDRESS 5636 MONTILLA D:R. STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33919 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does of 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.

Attachmank + 2221

SHINING STAR INVESTMENTS, INC 264 HUNTLEY DRIVE, SOUTH LAKE PLACID, FLORIDA 33852 JULY 10, 2001

DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

## GENTLEMEN:

I DID NOT RECEIVE THE FORM I SHOULD HAVE RECEIVED FOR THE CORPORATION FILING THE FIRST PART OF THE YEAR. I NOW HAVE RECEIVED A FORM REQUIRING A LARGER FEE. I HAVE ALWAYS FILED THIS FORM WHEN DUE -- ALMOST AS SOON AS I RECEIVED THE FORM -- BUT MY HUSBAND HAS BEEN ILL, SO IT DID NOT OCCUR TO QUESTION WHY I DID NOT RECEIVE A FORM.

I AM ENCLOSING A CHECK FOR \$150 AND ASK THAT YOU WAIVE THE ADDITIONAL AMOUNT, SINCE I DID NOT RECEIVE THE FIRST FORM. I CALLED ROBIN IN YOUR OFFICE AT (850)488-9000, AND SHE TOLD ME THAT MANY PEOPLE HAD REPORTED NOT RECEIVING THE FIRST FORM. THERE MUST HAVE BEEN A PROBLEM WITH THIS MAILING.

THANK YOU FOR YOUR HELP AND CONSIDERATION IN THIS MATTER.

YOURS TRULY,

ZOLA C. TRUITT, PRESIDENT SHINING STAR INVESTMENTS, INC.

ENCLOSURE, CK.#4284 for \$150