

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90018 013 ***150.00

DOCUMENT # 412295

1. Entity Name
FOUR STAR, INC.

Principal Place of Business
1525 EAST SUNRISE BLVD
FT LAUDERDALE FL 33304-2326

Mailing Address
1525 EAST SUNRISE BLVD
FT LAUDERDALE FL 33304-2326

2. Principal Place of Business
1210 B N.E. 8th AVE
 Suite, Apt. #, etc.

3. Mailing Address
1210 B NE 8th AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FT. Laud. Fla
 Zip
33304
 Country

City & State
FT. Laud. Fla
 Zip
33304
 Country

4. FEI Number
59-1445463

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

EVE, LINDSAY H., JR.
1525 E. SUNRISE BLVD.
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

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 **Lindsay H. EVE, JR.**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3-30-02**

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, 2002 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

TITLE **VD** ☐ Delete
 NAME **EVE, ROBERT S**
 STREET ADDRESS **3140 N. E. 12 AVE**
 CITY-ST-ZIP **POMPAÑO BEACH FL 33064**

TITLE **VD** ☐ Delete
 NAME **EVE, JOAN M.**
 STREET ADDRESS **2309 NE 18TH AVE.**
 CITY-ST-ZIP **WILTON MANORS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-02

Date

9547645331

Daytime Phone #

CR2E034 (9/01)