2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 445073** Mar 07, 2000 8:00 am Secretary of State TOWN STAR OF BREVARD, INC. 03-07-2000 90165 001 ***450.00 Mailing Address Principal Place of Business 13762 DANDELION TR 13762 DANDELION TR BELTON TX 76513-6739 BELTON TX 76513 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 59-1574885 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANN, ROY H Street Address (P.O. Box Number is Not Acceptable) RT. 17 BOX 827 LAKE CITY FL 32055 Zip Code FL 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 \$150.00 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 MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. 12. ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME MANN, ROY H. JR. STREET ADDRESS STREET ADDRESS RT. 17 BOX 827 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL ☐ Change Addition ☐ Delete TITLE MANN, FERNE, F. NAME STREET ADDRESS STREET ADDRESS RT. 17 BOX 827 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL ☐ Change Addition ☐ Delete TITI F TITLE VPD NAME NAME ANDERSEN, STEVEN C STREET ADDRESS STREET ADDRESS 13762 DANDELION TR CITY-ST-ZIP CITY-ST-ZIP **BELTON TX 76513** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ANDERSEN, CAROL A STREET ADDRESS STREET ADDRESS 13762 DANDELION TRAIL CITY-ST-ZIP CITY-ST-ZIP BELTON_TX_76513_ □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/00

254-780-9657

Daytime Phone #