

# 2001 \*UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 509428

1. Entity Name

STAR CONSTRUCTION OF PORT CHARLOTTE, INC.

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90047 023 \*\*\*158.75

Principal Place of Business

18260-C PAULSON DR  
PORT CHARLOTTE FL 33954

Mailing Address

18260-C PAULSON DR  
PORT CHARLOTTE FL 33954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1946762**

Applied For

Not Applicable

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

LUBIN, MICHAEL H.  
407 LINCOLN ROAD  
SUITE 11B  
MIAMI BEACH FL 33139

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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          | VP                         | <input type="checkbox"/> Delete |
| NAME           | LUBIN MICHAEL H.           |                                 |
| STREET ADDRESS | 18260- C PAULSON DR.       |                                 |
| CITY-ST-ZIP    | PT CHARLOTTE FL 33954      |                                 |
| TITLE          | DV                         | <input type="checkbox"/> Delete |
| NAME           | LUBIN, MICHAEL H.          |                                 |
| STREET ADDRESS | 407 LINCOLN ROAD SUITE 11B |                                 |
| CITY-ST-ZIP    | MIAMI BEACH FL 33139       |                                 |
| TITLE          | VP                         | <input type="checkbox"/> Delete |
| NAME           | COMPANION KRISTINE A.      |                                 |
| STREET ADDRESS | 18079 DUBLIN AVE.          |                                 |
| CITY-ST-ZIP    | PT CHARLOTTE FL 33948      |                                 |
| TITLE          | P                          | <input type="checkbox"/> Delete |
| NAME           | WOLFF, CHERYL J            |                                 |
| STREET ADDRESS | 18260-C PAULSON DR         |                                 |
| CITY-ST-ZIP    | PORT CHARLOTTE FL 33954    |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/01 941-629-5544

Date

Daytime Phone #

CR2E034 (10/00)