

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91163 032 ***550.00

DOCUMENT # 509428

1. Entity Name

STAR CONSTRUCTION OF PORT CHARLOTTE, INC.

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

PMB292

3. Mailing Address

PMB292

Suite, Apt. #, etc.

3280-55A TAMiami TRAIL

Suite, Apt. #, etc.

3280-55A TAMiami TRAIL

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

Zip

33952

Country

CHARLOTTE

Zip

33952

Country

CHARLOTTE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
 NAME **LUBIN MICHAEL H.**
 STREET ADDRESS **18260-C PAULSON DR.**
 CITY-ST-ZIP **PT CHARLOTTE FL 33954**

TITLE **VP** ☒ Change ☐ Addition
 NAME **LUBIN, MICHAEL H.**
 STREET ADDRESS **PMB292 3280-55A TAMiami TRAIL**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **DV** ☐ Delete
 NAME **LUBIN, MICHAEL H.**
 STREET ADDRESS **407 LINCOLN ROAD SUITE 11B**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DV** ☒ Change ☐ Addition
 NAME **LUBIN, MICHAEL H.**
 STREET ADDRESS **PMB292 3280-55A TAMiami TRAIL**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **VP** ☒ Delete
 NAME **COMPANION KRISTINE A.**
 STREET ADDRESS **18079 DUBLIN AVE.**
 CITY-ST-ZIP **PT CHARLOTTE FL 33948**

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

TITLE **P** ☐ Delete
 NAME **WOLFF, CHERYL J**
 STREET ADDRESS **18260-C PAULSON DR**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE **P** ☒ Change ☐ Addition
 NAME **WOLFF, CHERYL J.**
 STREET ADDRESS **PMB292 3280-55A TAMiami TRAIL**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/02
 Date

Daytime Phone #

CR2E034 (9/01)