2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2001 8:00 am Secretary of State **DOCUMENT # 647837** 1. Entity Name 5 STAR INC. 02-27-2001 90341 012 ***150.00 Principal Place of Business Mailing Address 6630 WESTWOOD ACRES ROAD 6630 WESTWOOD ACRES ROAD FT MYERS FL 33905 FT MYERS FL 33905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1959182 Not Applicable Zip Country Zip 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 FLINT, WILLIAM W Street Address (P.O. Box Number is Not Acceptable) 6630 WESTWOOD ACRES ROAD FT. MYERS FL 33905 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition FLINT. WILLIAM NAME NAME 6630 WESTWOOD ACRES ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS, FL 00000 ☐ Addition TITLE Change Change TITLE ☐ Delete FLINT, CONNIE NAME NAME 6630 WESTWOOD ACRES ROAD STREET ADDRESS STREET ADDRESS CITY: ST-7IP CITY-ST-ZIP FT. MYERS FL ... Change ☐ Addition TITLE ☐ Delete TITLE RASNAKE, FREDERICK NAME NAME 111 NORTH OREGON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change Change FLINT, WILLIAM W JR. NAME NAME STREET ADDRESS **808 GRANT AVE** STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33972 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.