

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856538

1. Entity Name

STARSTONE CONSTRUCTION COMPANY

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90245 033 ***158.75

Principal Place of Business Mailing Address
900 STATE ROUTE 51 LARGE. PA. 900 STATE ROUTE 51 LARGE. PA.
POST OFFICE BOX 18176 POST OFFICE BOX 18176
PITTSBURGH PA 15236 PITTSBURGH PA 15236-0176

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1407046 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, D. E.	NAME	
STREET ADDRESS	112 HILLCREST RD.	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, R. J.	NAME	
STREET ADDRESS	303 CORNWALL DR	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURK, K R	NAME	JEFFREY L. KONN
STREET ADDRESS	157 BITTERSWEET CIRCLE	STREET ADDRESS	101 RIDGEWAY COURT
CITY-ST-ZIP	VENETIA PA	CITY-ST-ZIP	PITTSBURGH, PA 15228
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, D. P.	NAME	DICK, D.P.
STREET ADDRESS	COLBERT LANE	STREET ADDRESS	WHOSE WOODS PENROD ROAD
CITY-ST-ZIP	PITTSBURGH PA	CITY-ST-ZIP	LAUGHLINTOWN, PA 15655
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Roger J. Peters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER J. PETERS

01/07/00

(412)384-1000

Date

Daytime Phone #

CR2E034 (9/99)