FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Feb 13, 2002 8:00 am Secretary of State DOCUMENT # F00000002996 1. Entity Name INVESTSTAR CORPORATION OF LAS VEGAS 02-13-2002 90245 015 ***150.00 Principal Place of Business Mailing Address , 308 STILLWATER DRIVE 308 STILLWATER DRIVE JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 88-0380697 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LISS. BLAIR Box Number is 3205-D SPANISH WELLS DRIVE **DELRAY BEACH FL 33445** 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. E: 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE **PCSD** TITI F ☐ Change ☐ Addition ☐ Delete NAME SQUIRES, FRED NAME STREET ADDRESS 308 STILLWATER DRIVE STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP **VPVC** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME SQUIRES, MELODY STREET ADDRESS STREET ADDRESS 308 STILLWATER DRIVE CITY-ST-ZIP CITY-ST-ZIF JUPITER FL 33458 ☐ Delete TITLE TITLE ☐ Change ☐ Addition TD. NAME NAME SQUIRES, MELODY STREET ADDRESS STREET ADDRESS 308 STILLWATER DRIVE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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