2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F92000000586

Entity Name: DEAN STAR CORPORATION

FILED Apr 18, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
C/O CASE POMEROY PROPERTIES 1400 MARSH LANDING PKWY SUITE 109 JACKSONVILLE, FL 32256 US			1400 MARS	C/O CASE POMEROY PROPERTIES 1400 MARSH LANDING PKWY SUITE 109 JACKSONVILLE BEACH, FL 32250 US	
Current Mailing Address:			New Mailir	New Mailing Address:	
C/O CASE POMEROY PROPERTIES 1400 MARSH LANDING PKWY SUITE 109 JACKSONVILLE, FL 32256 US		1400 MARS	C/O CASE POMEROY PROPERTIES 1400 MARSH LANDING PKWY SUITE 109 JACKSONVILLE BEACH, FL 32250 US		
FEI Number:	65-0364228	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
110 NORTH	TICE-HALL CC 1 MAGNOLIA S SEE, FL 3230				
The above in the State		ıbmits this statement for the pur	rpose of changing it	s registered office or registered agent, or both,	
SIGNATUR	E:				
	Electronic	Signature of Registered Agen	t	Date	
Election Cam		satisfy its Intangible Tax filing requit Trust Fund Contribution (). ORS:		o so (). S/CHANGES TO OFFICERS AND DIRECTORS	
Title:	PD ()[Delete	Title:	() Change () Addition	
Name: Address: City-St-Zip:		GLAS W NDING PKWY SUITE 109 BEACH, FL 32250	Name: Address: City-St-Zip:		
Title:	. ,	Delete	Title:	() Change () Addition	
Name: Address: City-St-Zip:	KEITH, DOUGLA		N1		
		S B 111 NDING PKWY SUITE 109 BEACH, FL 32250	Name: Address: City-St-Zip:		
Title:	JACKSONVILLE V ()[NDING PKWY SUITE 109 BEACH, FL 32250 Delete	Address: City-St-Zip: Title:	V (X) Change()Addition	
-	JACKSONVILLE V ()[CUBBAGE, GILB	NDING PKWY SUITE 109 BEACH, FL 32250 Delete	Address: City-St-Zip:	V (X) Change () Addition CUBBAGE, GILBERT G 1400 MARSH LANDING PKWY SUITE 109	
Title: Name:	JACKSONVILLE V () [CUBBAGE, GILB 1400 MARSH LA	NDING PKWY SUITE 109 BEACH, FL 32250 Delete ERT	Address: City-St-Zip: Title: Name:	CUBBAGE, GILBERT G	
Title: Name: Address: City-St-Zip: Title:	JACKSONVILLE V ()[CUBBAGE, GILB 1400 MARSH LA JACKSONVILLE SD ()[NDING PKWY SUITE 109 BEACH, FL 32250 Delete ERT NDING PKWY SUITE 109 BEACH, FL 32250 Delete	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	CUBBAGE, GILBERT G 1400 MARSH LANDING PKWY SUITE 109	
Title: Name: Address: City-St-Zip:	JACKSONVILLE V ()[CUBBAGE, GILB 1400 MARSH LA JACKSONVILLE SD ()[WAILAND, ADEL	NDING PKWY SUITE 109 BEACH, FL 32250 Delete ERT NDING PKWY SUITE 109 BEACH, FL 32250 Delete	Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CUBBAGE, GILBERT G 1400 MARSH LANDING PKWY SUITE 109 JACKSONVILLE BEACH, FL 32250	
Title: Name: Address: City-St-Zip: Title: Name:	JACKSONVILLE V ()E CUBBAGE, GILB 1400 MARSH LAI JACKSONVILLE SD ()E WAILAND, ADEL 1400 MARSH LAI	NDING PKWY SUITE 109 BEACH, FL 32250 Delete ERT NDING PKWY SUITE 109 BEACH, FL 32250 Delete E R	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	CUBBAGE, GILBERT G 1400 MARSH LANDING PKWY SUITE 109 JACKSONVILLE BEACH, FL 32250	
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Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	JACKSONVILLE V () C CUBBAGE, GILB 1400 MARSH LAI JACKSONVILLE SD () C WAILAND, ADEL 1400 MARSH LAI JACKSONVILLE TD () C LISTA, FELIX M 1400 MARSH LAI	NDING PKWY SUITE 109 BEACH, FL 32250 Delete ERT NDING PKWY SUITE 109 BEACH, FL 32250 Delete E R NDING PKWY SUITE 109 BEACH, FL 32250 Delete NDING PKWY SUITE 109 Delete	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CUBBAGE, GILBERT G 1400 MARSH LANDING PKWY SUITE 109 JACKSONVILLE BEACH, FL 32250 () Change () Addition	
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I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADELE R WAILAND S 04/18/2002