

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90089 010 ***158.75

DOCUMENT # F95000005157

1. Entity Name
STARMAX DEVELOPERS, INC.

Principal Place of Business
 11110 HARBOUR YACHT CT
 34 E
 FORT MYERS FL 33908

Mailing Address
 11110 HARBOUR YACHT CT
 34 E
 FORT MYERS FL 33908

2. Principal Place of Business
 11119 HARBOUR YACHT CT

3. Mailing Address
 11119 HARBOUR YACHT CT

Suite, Apt. #, etc.

City & State
 FT. Myers, FL

Zip
 33908

Country
 Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1447355 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MITCHELL, MAXINE
 11110 HARBOUR YACHT CT
 #34E
 FORT MYERS FL 33908

7. Name and Address of New Registered Agent
 Name: MAXINE MITCHELL
 Street Address (P.O. Box Number is Not Acceptable): 11119 HARBOUR YACHT CT
 City: FT. MYERS FL Zip Code: 33908

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: *Maxine Mitchell* DATE: 2-3-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, MAXINE 11110 HARBOUR YACHT CT, #34E N. FORT MYERS FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAXINE MITCHELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11119 HARBOUR YACHT CT FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITCHELL, JEFF 420 DARBYTON DRIVE PLAIN CITY FL 43064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maxine Mitchell* **2-3-02 941-415-6456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)