2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F97000005356

1. Entity Name STELLAR MANAGEMENT INC. OF CLEARWATER Principal Place of Business Mailing Address

May 02, 2003 8:00 am 5 Secretary of State

05-02-2003 90192 009 ***150.00

1282 JASMINE WAY	1282 JASMINE WAY		
CLEARWATER FL 33756	CLEARWATER FL 33756		A COMPLETE COM SERVICE COMPLETE COMPLIENCE COMPLETE COMPLIENCE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COM
2. Principal Place of Business 1543 S. Highamand Auc	3. Mailing Address	Wand Bo	المرادة والمرادة والمرادة والمرادة والمرادة والمرادة والمرادة المرادة والمرادة والم
Suite, Apt. #, etc. Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES
Cliv & State Fr.	Coarwate	, FL	4. FEI Number 58-1740358 Applied For Not Applicable
33756 Country las	33226	Country Vennial &	<u> </u>
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent			
BARNES, GREG	•	Name	reg Barner
1282 JASMAIRE WAY		Street Addr	ess (P.O. Box Number is Not Acceptable)
CLEARWATER FL 33756			
City Palm Harbor FL 30 6000 3			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE FROM Barnes - View. When the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Output Description: Output Descripti			
	(Action	- L	gold more distance.
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10. OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PDC	Delete	TITLE	
NAME BARNES, GREG		NAME G	reg Barner Highland Au Shealb
STREET ADDRESS 1282 JASMINE WAY CITY-ST-ZIP CLEARWATER FL 33755		STREET ADDRESS CHTY-ST-ZIP	Perminter FL 33756
TITLE STDC	Delete	TITLE	in rennington Change Addition &
NAME BARNES, DEBRA STREET ADDRESS 1282 JASMINE WAY		NAME STREET ADDRESS	543. S. Highland Hure Ste 2/6
CITY-ST-ZIP CLEARWATER FL 33755		CITY-ST-ZIP	Eleanuator, FZ 33756
TITLE	☐ Delete	TITLE	- Change - Addition
NAME	_	NAME	`,
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME	Dolote	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	'ı
TITLE NAME	☐ Delete	: TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-SY-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
	his filing does not qualify for t	# <u></u>	n Section 119 07/31/i) Florida Statutes I further certify that the information
12. 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 peport 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 4/28/03			
SIGNATURE: Date Daytime Phone #			