

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000001912**1. Entity Name
FASHION STAR, INC.

Principal Place of Business 67 LIBERTY CHURCH ROAD CARROLLTON GA 301167399	Mailing Address 67 LIBERTY CHURCH ROAD CARROLLTON GA 301167399
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
58-1190123
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION FL
33324 US

7. Name and Address of New Registered Agent

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 _____ 01/09/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOFTIN SHARON	
STREET ADDRESS	108 SUNSET COURT	
CITY-ST-ZIP	CARROLLTON GA 30117	

TITLE	D	<input type="checkbox"/> Delete
NAME	PORTER DONALD	
STREET ADDRESS	5 SUMMIT LANE	
CITY-ST-ZIP	NEWNAN GA 30263	

TITLE	VC	<input type="checkbox"/> Delete
NAME	LOFTIN RICHARD T	
STREET ADDRESS	108 SUNSET COURT	
CITY-ST-ZIP	CARROLLTON GA 30117	

TITLE	C	<input type="checkbox"/> Delete
NAME	LOFTIN B. O	
STREET ADDRESS	50 GOLFVIEW CLUB DRIVE	
CITY-ST-ZIP	NEWNAN GA 30263	

TITLE	S	<input type="checkbox"/> Delete
NAME	LOFTIN SUE	
STREET ADDRESS	50 GOLFVIEW CLUB DRIVE	
CITY-ST-ZIP	NEWNAN GA 30263	

TITLE	P	<input type="checkbox"/> Delete
NAME	MARSHALL JANICE	
STREET ADDRESS	369 WEST HWY. 5	
CITY-ST-ZIP	ROOPVILLE GA 30170	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFTIN RICHARD T	
STREET ADDRESS	108 SUNSET COURT	
CITY-ST-ZIP	CARROLLTON GA 30117	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFTIN B. O	
STREET ADDRESS	50 GOLFVIEW CLUB DRIVE	
CITY-ST-ZIP	NEWNAN GA 30263	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Janice Marshall

Pres 01/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)