

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**  
 03-01-2000 90024 002 \*\*\*150.00

**DOCUMENT # F99000006322**

1. Entity Name  
**STAR SCIENTIFIC, INC.**

Principal Place of Business Mailing Address  
**16 SOUTH MARKET STREET 16 SOUTH MARKET STREET**  
**PETERSBURG VA 23803 PETERSBURG VA 23803**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-1402131** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

9. 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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE	CCOO	<input type="checkbox"/> Delete
NAME	DELORENZO, ROBERT J MD, PHD	
STREET ADDRESS	16 SOUTH MARKET STREET	
CITY-ST-ZIP	PETERSBURG VA 23803	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BAILEY, MALCOLM L	
STREET ADDRESS	16 SOUTH MARKET STREET	
CITY-ST-ZIP	PETERSBURG VA 23803	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, MARK W	
STREET ADDRESS	16 SOUTH MARKET STREET	
CITY-ST-ZIP	PETERSBURG VA 23803	
TITLE	DCFO	<input type="checkbox"/> Delete
NAME	MCNULTY, JAMES A.	
STREET ADDRESS	16 SOUTH MARKET STREET	
CITY-ST-ZIP	PETERSBURG VA 23803	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRAGER, ELLIOT D M.D.	
STREET ADDRESS	16 SOUTH MARKET STREET	
CITY-ST-ZIP	PETERSBURG VA 23803	
TITLE	D	<input type="checkbox"/> Delete
NAME	TONKIN, LEO S ESQ.	
STREET ADDRESS	16 SOUTH MARKET STREET	
CITY-ST-ZIP	PETERSBURG VA 23803	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeLorenzo, Robert J MD, PHD	
STREET ADDRESS	16 South Market Street	
CITY-ST-ZIP	Petersburg, VA 23803	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Malcolm L. Bailey	
STREET ADDRESS	16 South Market Street	
CITY-ST-ZIP	Petersburg, VA 23803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James A. McNulty	
STREET ADDRESS	16 South Market Street	
CITY-ST-ZIP	Petersburg, VA 23803	
TITLE	Director/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonnie R. Williams	
STREET ADDRESS	16 South Market Street	
CITY-ST-ZIP	Petersburg, VA 23803	
TITLE	President/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul L. Perito Esq.	
STREET ADDRESS	16 South Market Street	
CITY-ST-ZIP	Petersburg, VA 23803	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)