

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G30351

1. Entity Name

FLORIDA STAR, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90176 025 ***150.00

Principal Place of Business

Mailing Address

5196-C NORWOOD AVE.
JACKSONVILLE FL 32208

P.O. BOX 40629
JACKSONVILLE FL 32203-0629

2. Principal Place of Business

5196-C Norwood Ave

3. Mailing Address

PO Box 40629

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

City & State

Jacksonville FL 32208

City & State

Jacksonville FL

Zip

32208

Country

DUVAL

Zip

32203-0629

Country

DUVAL

4. FEI Number

59-0791916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUPTON, C.J.
11127 LEM TURNER RD.
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

SAME

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 ☐ Delete
NAME P
STREET ADDRESS SIMPSON, MARY W
CITY-ST-ZIP 6333 HOWE DRIVE
JACKSONVILLE FL 32208

TITLE ☐ Delete
NAME ME
STREET ADDRESS SIMPSON, PHYLLIS E
CITY-ST-ZIP 1604 ARCADIA DR., STE. 103
JACKSONVILLE FL 32207

TITLE ☐ Delete
NAME T
STREET ADDRESS GRIMES, COLLETTE V
CITY-ST-ZIP 8304 W. 24TH STREET
OVERLAND PARK KS 66213

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

Mary Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-7668834

4-12-2000

Date

Daytime Phone #

CR2E034 (9/99)