

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT #

1. Entity Name

H85049
STAR-B, INC

FILED

May 12, 2000 8:00 am
Secretary of State

03-30-2000 90045 041 ***150.00

Principal Place of Business

Mailing Address

01398 Spring Lake Rd.
Fruitland Park, FL 34731
PO Box 657
Fruitland Park, FL
34731

2. Principal Place of Business

3. Mailing Address

01398 Spring Lake Rd.
Suite, Apt. #, etc.
PO Box 657
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Fruitland Park, FL Fruitland Park, FL

4. FEI Number

Applied For

34731 LAKE 34731 LAKE

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHARLES W. KEEDY
01398 Spring Lake Rd.
PO Box 657
Fruitland Park, FL 34731

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
	CHARLES W. KEEDY	PRESIDENT	PO Box 657	<input type="checkbox"/>
			Fruitland Park, FL 34731	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: CHARLES W. KEEDY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00
352-326-4256

Date

Daytime Phone #