

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H90913

1. Entity Name

TEN STAR SUPPLY CO., INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90129 023 ***150.00

888828



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1208 N. HOWARD AVE P.O. BOX 4526 (TAMPA, FL 33677) TAMPA FL 33607 US	Mailing Address P. O. BOX 4526 P.O. BOX 4526 (TAMPA, FL 33677) TAMPA FL 33677 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2615510	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent CARSON, NOEL W. 7708 W FOUR PINES RD PLANT CITY FL 33566	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code
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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 re-registering)

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, 2001 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 '01	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARSON, NOEL W. 7708 W FOUR PINES RD PLANT CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, MARGARET M. 7708 W. FOUR PINES RD. PLANT CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Noel W. Carson NOEL W CARSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01
Date

813 2546921
Distinguishing Number

CR2E034 (10/00)