02-03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J-41065

1. Entity Name

Star Specialties, Inc

FILED
03 JUN -6 PM 1:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4212 Hammond Dr
Suite, Apt #, etc
City & State: Winter Haven FL
Zip: 33881 County: Polk

3. Mailing Address: 4212 Hammond Dr
Suite, Apt #, etc
City & State: Winter Haven FL
Zip: 33881 County: Polk

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4. FEI Number: 59-2742146 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Jason Stults
Street Address (P.O. Box Number is Not Acceptable): 4212 Hammond Dr
City: Winter Haven FL Zip Code: 33881

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: Jill Stults
STREET ADDRESS: 4212 Hammond Dr
CITY-ST-ZIP: Winter Haven FL 33881

100020565121
06/06/03--01050--003 **300.00

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jill Stults
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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