

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90150 021 ***150.00

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DOCUMENT # K56502

1. Entity Name
FIVE STAR, II, INC.



Principal Place of Business
**% GEORGE MASTROGIOVANNI
RT 5 BOX 538
CALLAHAN FL 32011**

Mailing Address
**4985 ARTESIAN BLVD
CALLAHAN FL 32011
US**

60010001



2. Principal Place of Business
4985 ARTESIAN BLVD

3. Mailing Address
4985 ARTESIAN BLVD

Suite, Apt. #, etc.

City & State
CALLAHAN FL

City & State
FL

Zip
32011

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number
59-2924893

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MASTROGIOVANNI, GEORGE
4985 ARTESIAN BLVD.
CALLAHAN FL 32011**

7. Name and Address of New Registered Agent
Name
VALERIE MASTROGIOVANNI
Street Address (P.O. Box Number is Not Acceptable)
4985 ARTESIAN BLVD
City
CALLAHAN FL Zip Code
32011

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 Valerie Mastrogiovanni DATE 4/15/03

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTROGIOVANNI, GEORGE 4985 ARTESIAN BLVD CALLAHAN FL <i>DECEASED</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTROGIOVANNI, VALERIE 4985 ARTESIAN BLVD CALLAHAN FL	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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Valerie Mastrogiovanni DATE 4/15/03 DAYTIME PHONE # 904 879-5454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)