

2000 UNIFORM BUSINESS REPORT (UBR)

4/7

DOCUMENT # K96350

1. Entity Name

REAL STAR DEVELOPMENT CORP.

FILED
May 19, 2000 8:00 am
Secretary of State

04-20-2000 90027 002 ***150.00

Principal Place of Business Mailing Address
PALMA DEL MAR BLVD 12300 W CENTER STREET
107 SUITE 200
PETERSBURG FL 33715 WAUWATOSA WI 53222-4052
US

2. Principal Place of Business 3. Mailing Address
5806 Old Pasco Rd. Suite, Apt. #, etc.

City & State City & State
Wesley Chapel, FL
Zip Country Zip Country
33544 -USA

4. FEI Number 36-3651145 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LEHMAN, JERRY
6158 PALMA DEL MAR BLVD
UNIT 107
SAINT PETERSBURG FL 33715

7. Name and Address of New Registered Agent
Name Carlton, Collie
Street Address (P.O. Box Number is Not Acceptable) 1227 Waterbury Loop
City Lutz FL Zip Code 33549

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 Collie Carlton 02/04/00
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 PDS
NAME SWENSON, DUANE A.
STREET ADDRESS 12300 W CENTER STREET, SUITE 200
CITY-ST-ZIP WAUWATOSA WI
TITLE D
NAME DALLMANN, GAIL
STREET ADDRESS 12300 W CENTER STREET, SUITE 200
CITY-ST-ZIP WAUWATOSA WI
TITLE D
NAME WARTINBEE, JAMES R.
STREET ADDRESS 1109 DOWNING DR.
CITY-ST-ZIP WAUKESHA WI
TITLE D
NAME LEHMAN, JERRY
STREET ADDRESS 6158 PALMA DEL MAR BLVD UNIT 107
CITY-ST-ZIP SAINT PETERSBURG FL 33715

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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: *Duane A. Swenson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00 (414) 258-0500
Date Daytime Phone #

CR2E034 (9/99)