

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K96350**

1. Entity Name

REAL STAR DEVELOPMENT CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 14 PM 4:21

Principal Place of Business

5806 OLD PASCO RD
WESLEY CHAPEL FL 33544
US

Mailing Address

12300 W CENTER STREET
SUITE 200
WAUWATOSA WI 53222
US

2. Principal Place of Business

3. Mailing Address

City, Apt. #, etc.

City, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3651145

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARLTON, COLLIE
1227 WATERBURY LOOP
LUTZ FL 33549

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 of the person submitting this report and the filer (if filer is not the registered agent and the filer is not the registered agent)

(If filer is Registered Agent signature required when renewing)

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, 2002 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
PDS
SWENSON, DUANE A.
12300 W CENTER STREET, SUITE 200
WAUWATOSA WI

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DALLMANN, GAIL
12300 W CENTER STREET, SUITE 200
WAUWATOSA WI

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WARTINBEE, JAMES R.
1109 DOWNING DR.
WAUKESHA WI

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEHMAN, JERRY
6158 PALMA DEL MAR BLVD UNIT 107
SAINT PETERSBURG FL 337158

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

300005598529--6
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****150.00 ****150.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature of Duane A. Swenson, Director 4/8/02 (414) 258-0500