

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001062

1. Entity Name

FOUR STAR, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -9 AM 9:10

Principal Place of Business

39987 EMERALD COAST PARKWAY
DESTIN FL 32541

Mailing Address

39987 EMERALD COAST PARKWAY
DESTIN FL 32541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4507 FURLING
Suite, Apt. #, etc.
UNIT # 213

3. Mailing Address

PO BOX 5708
Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

Destin, FL

4. FEI Number

59-3628617

Applied For

Not Applicable

Zip

32541

Country

OKALOOSA

Zip

32540

Country

OKALOOSA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARPE, JAMES A

39987 EMERALD COAST PARKWAY
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name James A. Sharpe

Street Address (P.O. Box Number is Not Acceptable)

4507 FURLING

Unit # 213

City

Destin

FL

Zip Code

32541

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

James A. Sharpe

(NOTE: Registered Agent signature required when reinstating)

3/7/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS ASSET RESOURCE MANAGEMENT, INC.
CITY-ST-ZIP 39987 EMERALD COAST PARKWAY
DESTIN FL 32541 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGR ☒ Change ☐ Addition
STREET ADDRESS Asset Resource Management, Inc.
CITY-ST-ZIP 4507 FURLING, Unit # 213
Destin, FL 32541

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

James A. Sharpe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/7/01 850-654-4550

CR2E083 (11/00)