

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006864

1. Entity Name

STELLAR SOFTWARE LTD, CO.

Principal Place of Business

677 NORTH WASHINGTON BLVD.
SARASOTA FL 34236

Mailing Address

~~677 NORTH WASHINGTON BLVD.~~
~~SARASOTA FL 34236~~
PO BOX 9141
LONGBOAT KEY FL 34228

2. Principal Place of Business

531 HARBOR COVE CIRCLE

3. Mailing Address

PO BOX 9141

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGBOAT KEY FL

City & State

LONGBOAT KEY FL

Zip

34228

Country

USA

Zip

34228

Country

USA

4. FEI Number

65-0667879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, CAROL
531 HARBOR COVE CIRCLE
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

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

Carol B. Green

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-2001

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE PTD
NAME GREEN, CAROL B
STREET ADDRESS 531 HARBOR COVE CIRCLE
CITY-ST-ZIP LONGBOAT KEY, FL. 34228 ☐ Delete

TITLE SD
NAME GREEN JAMES D
STREET ADDRESS 531 HARBOR COVE CIRCLE
CITY-ST-ZIP LONGBOAT KEY, FL. 34228 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500002576905--3
01/26/01--01072--022
*****50.00 *****50.00

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

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

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

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

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:

Carol B. Green

PRESIDENT

1-17-2001

941 387 8240

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

Date

Daytime Phone #

CR2E083 (11/00)