

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

0021168

DOCUMENT # L00000006864

1. Entity Name

STELLAR SOFTWARE LTD, CO.

01-16-2002 90247 041 *****50.00

Principal Place of Business

**531 HARBOR COVE CIRCLE
 LONGBOAT KEY FL 34228**

Mailing Address

**PO BOX 9141
 LONG BOAT KEY FL 34228**

2. Principal Place of Business

4975 S. Eagle Circle

Suite, Apt. #, etc.

3. Mailing Address

136 Golden Gate Point

Suite, Apt. #, etc.

302



DO NOT WRITE IN THIS SPACE

City & State

Aurora CO

City & State

Sarasota FL

4. FEI Number

65-0667879

Applied For

☐ Not Applicable

Zip

80015

Country

USA

Zip

34236

Country

USA

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 **Carol Green**

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

**136 Golden Gate Point
 #302**

City

Sarasota

FL

Zip Code

34236

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

1/7/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **Same** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **136 Golden Gate Point #302**
 CITY-ST-ZIP **Sarasota FL 34236**

TITLE **same** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **4975 S. Eagle Circle**
 CITY-ST-ZIP **Aurora CO 80015**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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: CAROL B. GREEN

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

1-7-02 941-954-4567

Date

Daytime Phone #

CR2E083 (9/01)