

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90015 045 \*\*\*150.00

**DOCUMENT # L01000018007**

1. Entity Name

CAR STAR, L.L.C.



Principal Place of Business

Mailing Address

2560 RCA BOULEVARD, SUITE 108  
 PALM BEACH GARDENS FL 33410

2560 RCA BOULEVARD, SUITE 108  
 PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2628 FOREST HILL BLVD

3. Mailing Address

P.O. Box 16426

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33406

Country

Palm Beach

Zip

33416

Country

Palm Beach

4. FEI Number

65-1144777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOSKINS, JIM L  
 2560 RCA BOULEVARD, SUITE 108  
 PALM BEACH GARDENS FL 33410

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, 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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
 NAME DOWD, JOHN W III  
 STREET ADDRESS 1721 CARANDIS ROAD  
 CITY-ST-ZIP WEST PALM BEACH FL 33406

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

TITLE MGR ☐ Delete  
 NAME LEWIS, KEVIN C  
 STREET ADDRESS 2656 STARWOOD CIRCLE  
 CITY-ST-ZIP WEST PALM BEACH FL 33406

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

TITLE MGR ☐ Delete  
 NAME TUCKER, S. ALAN  
 STREET ADDRESS 1771 CARANDIS ROAD  
 CITY-ST-ZIP WEST PALM BEACH FL 33406

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

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

Date

Daytime Phone #

4/15/02

561-649-1655

CR2E083 (9/01)