

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90025 042 *****55.00

DOCUMENT # L02000017526

1. Entity Name

ALLSTAR CHARTERS, LLC



Principal Place of Business

**1820 SOUTHWEST 21ST TERRACE
CAPE CORAL FL 33991**

Mailing Address

**1820 SOUTHWEST 21ST TERRACE
CAPE CORAL FL 33991**

2. Principal Place of Business

1820 SW 21ST TERRACE

3. Mailing Address

1820 SW 21ST TERRACE

Suite, Apt. #, etc.

CAPE CORAL FLA

Suite, Apt. #, etc.

CAPE CORAL FLA

City & State

City & State

Zip **33991**

Country **LEE**

Zip **33991**

Country **LEE**

4. FEI Number

30-0094003

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

ZDENKA KREJCI

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

1820 SW 21ST TERRACE

City

CAPE CORAL

FL

Zip Code

33991

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Janet Krey

ZDENKA KREJCI

April 4th - 2003

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KREJCI, ZDENKA**
STREET ADDRESS **1820 SOUTHWEST 21ST TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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 #

Janet Krey

ZDENKA KREJCI

April 4-2003

CR2E083 (10/02)