

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L30789

1. Entity Name  
GOLD STAR SERVICES, INC.

Principal Place of Business

1950 PALOMINO RD  
MELBOURNE FL 32935

Mailing Address

1950 PALOMINO RD  
MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2977311

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, RALPH E.  
~~337 HIAWATHA WAY~~  
~~MELBOURNE BEACH FL 32951~~

**NEW ADDRESS**  
1950 PALOMINO RD.  
MELBOURNE, FL. 32934

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME HUGHES, RALPH E.  
STREET ADDRESS ~~337 HIAWATHA WAY~~  
CITY-ST-ZIP MELBOURNE BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**NEW ADDRESS**  
1950 PALOMINO RD.  
MELBOURNE, FL. 32934

TITLE DVT  
NAME HUGHES, E. LEE  
STREET ADDRESS ~~337 HIAWATHA WAY~~  
CITY-ST-ZIP MELBOURNE BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**NEW ADDRESS**  
1950 PALOMINO RD.  
MELBOURNE, FL. 32934

TITLE S  
NAME HUGHES, E. LEE  
STREET ADDRESS ~~337 HIAWATHA WAY~~  
CITY-ST-ZIP MELBOURNE BEACH FL

TITLE  
NAME  
STREET ADDRESS  
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**NEW ADDRESS**  
1950 PALOMINO RD.  
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STREET ADDRESS  
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Ralph E Hughes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-259-4674

CR2E034 (10/00)

FILED  
Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90044 035 \*\*\*150.00

00009416



DO NOT WRITE IN THIS SPACE