

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90075 003 \*\*\*150.00

**DOCUMENT # L71047**

1. Entity Name  
**FOUR STAR PRODUCTS, INC.**

Principal Place of Business  
**FOUR STAR PRODUCTS, INC.**  
**6115-B CLARK CENTER AVENUE**  
**SARASOTA FL 34238**  
**US**

Mailing Address  
**FOUR STAR PRODUCTS INC.**  
**6115-B CLARK CENTER AVENUE**  
**SARASOTA FL 34238**  
**US**

2. Principal Place of Business  
**1813 SEEDS AVENUE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1813 SEEDS AVENUE**  
 Suite, Apt. #, etc.

City & State  
**SARASOTA FL**  
 Zip  
**34234**  
 Country  
**USA**

City & State  
**SARASOTA FL**  
 Zip  
**34234**  
 Country  
**USA**

4. FEI Number **65-0191902**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VAAL, RICK L**  
**6115-B CLARK CENTER AVE.**  
**SARASOTA FL 34238**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
~~1813 SEEDS AVENUE~~ **5859 OVINGTON WAY**  
 City **SARASOTA** **FL** Zip Code **34232**

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 \_\_\_\_\_

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, 2002 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

TITLE **PRE**  
 NAME **VAAL, RICK L** ☐ Delete  
 STREET ADDRESS **6115-B CLARK CTR AVE**  
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **VP**  
 NAME **LANKFORD, SAM** ☐ Delete  
 STREET ADDRESS **2623 221ST ST E**  
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **S**  
 NAME **STEWART, PHIL** ☐ Delete  
 STREET ADDRESS **5280 HUNTINGWOOD CT**  
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS ~~1813 SEEDS AVENUE~~ **5859 OVINGTON WAY**  
 CITY-ST-ZIP ~~SARASOTA FL 34234~~ **34232**

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6756 FAIRWAY GARDENS DRIVE**  
 CITY-ST-ZIP **BRADENTON FL 34203**

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

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: **RICK L VAAL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-02 941 951 1325**  
 Date Daytime Phone #

CR2E034 (9/01)