Change

JAN5-2002 941-637-1076

Addition

2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # L9900004841  1. Entity Name H20 STAR, LLC							FILED Jan 11, 2002 8:00 am Secretary of State 01-11-2002 90011 008 ****55.00				
Principal Plac			Mailing Address 3601 WHIPPOORWILL BLVD.								
9801 WHIPPOO PUNTA GORDA			PUNTA GORDA FL 33950								
2. Principal P	lace of Business	3. M	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stati	ө	C	City & State			4. FEI Numb	<sup>Der</sup> <b>57-768394</b>	19	<del> </del>	plied For t Applicable	
Zip	Country	Z	Tip	Country		5. Certificate	e of Status Desired		5.00 Add	litional	
	6. Name and Addre	ess of Current Regist	ered Agent	! <u>-</u>		7. Name an	d Address of New R				
HACKETT, JACK O II				N	lame			-			
C/O FARR LAW FIRM			Street Address			s (P.O. Box Number is Not Acceptable)					
	W. OLYMPIA AVE.	•							,		
PUNTA GORDA FL 33950			С	City FL Zip Code					<del> </del>		
8. The above	named entity submits th	nis statement for the pr	urpose of changing its	s registered o	office or registe	red agent, or be	oth, in the State of Flo	orida.			
	·	·		-	* * * * * * * * * * * * * * * * * * * *	-					
SIGNATURE .	Signature, typed or printed name	of registered agent and title if	applicable. (NOT	E: Registered Age	ent signature require	d when reinstating)		DATE			
.,			1		E IS \$50.00						
	•	1 .	Make Check Pa	ayable to D ie By May 1	•	of State					
9.	140NI	/ ) AGING MEMBERS/MA		10.	1, 2002		ADDITIONS	CHANGES			
TITLE	MGRM	AGING WENDENSTIN	Delete	TITLE			ADDITIONO		☐ Change	☐ Addition	
NAME	KRESGE, RICHARD			NAME							
STREET ADDRESS CITY-ST-ZIP	3601 WHIPPOORW			STREET AD	1						
TITLE	PUNTA GORDA FL	. 33930	☐ Delete	TITLE	2-1				☐ Change	☐ Addition	
NAME			L Doiete	NAME						_	
STREET ADDRESS		,		STREET AD							
CITY-ST-ZIP				CITY-ST-2	ZIP						
TITLE NAME			· Delete	TITLE NAME		٠.	• • •		☐ Change	☐ Addition	
STREET ADDRESS				STREET AD	DDRESS				·		
CITY-ST-ZIP			•	CITY-ST-	I						
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME				NAME	200500						
STREET ADDRESS CITY-ST-ZIP	`			STREET AD							
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME				NAME							
STREET ADDRESS		1	,	STREET AD	I						
CITY-ST-ZIP	1	1 '	-	CITY-ST-2	AIF I						

☐ Delete

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.

TITLE

NAME STREET ADDRESS

SIGNATURE: