

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007775

1. Entity Name
STAR TECHNOLOGIES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:08

Principal Place of Business
13535 FEATHER SOUND DRIVE, SUITE 200
CLEARWATER FL 33762

Mailing Address
13535 FEATHER SOUND DRIVE, SUITE 200
CLEARWATER FL 33762-5313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
33920 US Hwy 19N
Suite, Apt. #, etc.
Suite 325

3. Mailing Address
33920 US Hwy 19N
Suite, Apt. #, etc.
Suite 325

City & State
Palm Harbor, FL

Zip
34684

Country
USA

4. FEI Number
36-4327405

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BURKE, DAVID P
777 S. HARBOUR ISLAND BLVD.
TAMPA FL 33602-5799

7. Name and Address of New Registered Agent
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 DATE 2/17/00

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|--------------------|----------------|-----------------------|-----------------------|---------------------------------|
| Operations Manager | Carol Bierbaum | 33920 US Hwy 19N #325 | Palm Harbor, FL 34684 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS / CHANGES

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|-----------------|-----------------------|---------------------------------|-----------------------------------|
| | | 500003161415--4 | -03/07/00--01103--016 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | *****50.00 | *****50.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

my 3/2/00

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: DATE 2/17/00 DAYTIME PHONE # 727-771-7677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)