

2001 UNIFORM BUSINESS REPORT (UBR)

322876 AF

DOCUMENT # L99000007775

1. Entity Name
STAR TECHNOLOGIES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 20 PM 3:00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
33920 US HWY 19 NORTH, SUITE 325
PALM HARBOR FL 34684

Mailing Address
33920 US HWY 19 NORTH, SUITE 325
PALM HARBOR FL 34684

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

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

City & State
Palm Harbor FL

City & State
Palm Harbor FL

Zip
34684

Country
USA

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

7. Name and Address of New Registered Agent

Name
Robert E. Johnson P.A.

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

Suite 3500

City
Tampa

FL Zip Code
33602

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 *Robert E. Johnson* Robert E. Johnson 2-15-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
MGR	BIERBAUM, CARL	33920 US HWY 19 NORTH, SUITE 325	PALM HARBOR FL 34684	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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"/>

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 #

2/17/01

727 7771 7677

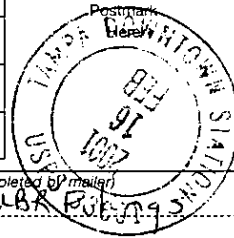
CR2E083 (11/00)

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0029 5047 8031

Star Technologies LLC 2001 UBR 28212.0001

Postage	\$.34
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.74



Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Div. of Corporations - UBR
 Street Apt. No. or PO Box No.
 P.O. Box 1500
 City, State, ZIP+4
 Tallahassee, FL 32302-1500

PS Form 3800, February 2000 See Reverse for Instructions

star Technologies, LLC 2001 UBR 28212.0001	
SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	
1. Article Addressed to: Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500	
2. Article Number (Copy from service label) 7000 0600 0029 5047 8031	
COMPLETE THIS SECTION ON DELIVERY	
A. Received by (Please Print Clearly)	B. Date of Delivery
Michael A. Griffin	FEB 20 2001
C. Signature	<input type="checkbox"/> Agent
X <i>Michael A. Griffin</i>	<input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
pt for Merchandise	
<input type="checkbox"/> Yes	