2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # L9900007775 1. Entity Name 04-16-2002 90093 045 ****50.00 STAR TECHNOLOGIES, LLC Principal Place of Business Mailing Address 33920 US HWY 19 NORTH, SUITE 325 33920 US HWY 19 NORTH, SUITE 325 PALM HARBOR FL 34684 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-4327405 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 100 NORTH TAMPA **SUITE 3500** TAMPA FL 33602-5799 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR MGR TITLE TITLE Delete Change XX Addition NAME BIERBAUM, CARL Chan, Tommy STREET ADDRESS 33920 US HWY 19 NORTH, SUITE 325 STREET ADDRESS 33920 U.S. Hwy.19 North, Ste. 325 CITY-ST-ZIE CITY-ST-ZIP PALM HARBOR FL 34684 Palm Harbor, FL 34684 TITLE ☐ Delete TITLE MGR NAME NAME Low, Colin STREET ADDRESS STREET ADDRESS 33920 U.S. Hwy. 19 North, Ste. 325 CITY-ST-ZIP CITY-ST-ZIP Palm Harbor, FL 34684 - Delete TITLE Change Addition . . . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI₽ TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

ar Bierbaum

(727)771-7677 Daytime Phone #

FILED