

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90217 009 \*\*\*\*\*75.00

**DOCUMENT # N00000004995**

1. Entity Name

**STELLAR KIDS INC.**



Principal Place of Business

**7394 HAZELWOOD CR  
LAKE WORTH FL 33467**

Mailing Address

**7394 HAZELWOOD CR  
LAKE WORTH FL 33467**

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1094806**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MISTRETTA, JOHN  
7394 HAZELWOOD CR  
LAKE WORTH FL 33467**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MISTRETTA, JOHN**  
STREET ADDRESS **7394 HAZELWOOD CR**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☐ Delete  
NAME **BLOCKSON, PAUL**  
STREET ADDRESS **1802 PIERCE DR**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **D** ☐ Delete  
NAME **INGERSOLL, KATHLEEN**  
STREET ADDRESS **7394 HAZLEWOOD CR**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☐ Delete  
NAME **CARSWELL, KENNETH**  
STREET ADDRESS **5864 TRIPHAMMER ROAD**  
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D** ☐ Delete  
NAME **HOFFMAN, RICK**  
STREET ADDRESS **1324 GRSVENTURE CT**  
CITY-ST-ZIP **FREEMONT CA**

TITLE **D** ☐ Delete  
NAME **SCHILLACE, ANTHONY**  
STREET ADDRESS **7427 KINGSLEY CT**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**JOHN MISTRETTA**

**5/13/03 561 966 0720**

CR2E037 (10/02)