

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/3/

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90419 001 \*\*\*300.00

**DOCUMENT # N00000005024**

1. Entity Name

**STAR DEVELOPMENT, INC. OF JACKSONVILLE**

Principal Place of Business

**849 S EDGEWOOD AVE  
 JACKSONVILLE FL 32205**

Mailing Address

**849 S EDGEWOOD AVE  
 JACKSONVILLE FL 32205**

2. Principal Place of Business

**533 Stevens St.**

Suite, Apt. #, etc.

3. Mailing Address

**533 Stevens St.**

Suite, Apt. #, etc.

City & State

**Jacksonville FL**

Zip

**32254**

Country

City & State

**Jacksonville FL**

Zip

**32254**

Country

4. FEI Number

**59-3661906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TITTLE, STRALENE  
 849 S EDGEWOOD AVE  
 JACKSONVILLE FL 32205**

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

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  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	HAMM, ADDIE L	
STREET ADDRESS	849 S EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	TITTLE, STARLENE	
STREET ADDRESS	849 S EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMAS, JOSEPH R	
STREET ADDRESS	849 S EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	S	<input type="checkbox"/> Delete
NAME	TITTLE, ANGELA	
STREET ADDRESS	849 S EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

**STARLENE TITTLE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/01**

Date

**904-384-1066**

Daytime Phone #

CR2E037 (10/00)