

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90239 041 \*\*\*\*\*61.25

**DOCUMENT # N00000005024**

1. Entity Name

**STAR DEVELOPMENT, INC. OF JACKSONVILLE**



Principal Place of Business

**533 STEVENS ST  
JACKSONVILLE FL 32254**

Mailing Address

**533 STEVENS ST  
JACKSONVILLE FL 32254**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3661906**

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

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

7. Name and Address of New Registered Agent

Name **Starlene Tittle**  
Street Address (P.O. Box Number is Not Acceptable)  
**533 Stevens St.**  
City **Jacksonville** FL Zip Code **32254**

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	VD	<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	TD	<input type="checkbox"/> Delete
NAME	THOMAS, JOSEPH R	
STREET ADDRESS	849 S EDGEWOOD AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	SD	<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* REQUIRED

*3/28/03*

CR2E037 (10/02)