

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

FILED
May 30, 2003 8:00 am
Secretary of State

05-05-2003 90201 010 ****61.25

DOCUMENT # N02000006193

1. Entity Name

S.T.A.R. W/TEENS, INC.



Principal Place of Business

**1885 LANKASHIRE CT
ROCKLEDGE FL 32955**

Mailing Address

**1885 LANKASHIRE CT
ROCKLEDGE FL 32955**

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

30-0025650

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

**WILSON, MARY
1885 LANKASHIRE CT
ROCKLEDGE FL 32955**

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

Mary Wilson

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

(NOTE: Registered Agent signature required when reinstating)

1/2/03

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 **President** ☐ Delete
NAME **MARY WILSON**
STREET ADDRESS **1885 LANKASHIRE CT.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **DICK MARSHALL**
STREET ADDRESS **586 DEERFIELD DR**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **Treasurer** ☐ Delete
NAME **KAREN KIRKLAND**
STREET ADDRESS **1163 VESTARIA CIRCLE**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **Secretary** ☐ Delete
NAME **Brian Wilson**
STREET ADDRESS **P.O. Box 560074**
CITY-ST-ZIP **ROCKLEDGE, FL 32956**

TITLE **RON NICODEMUS** ☐ Delete
NAME **RON NICODEMUS**
STREET ADDRESS **1301 CAPE SABLE**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **Christine Brown** ☐ Delete
NAME **CHRISTINE BROWN**
STREET ADDRESS **1452 CREEKSIDE CIRCLE**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

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 **Brian J. Wilson**
STREET ADDRESS **1885 LANKASHIRE CT.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

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)(f), 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:

Mary Wilson, President 1/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)