

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000007924

FILED  
Sep 10, 2003  
Secretary of State

Entity Name: PROJECT STAR, INC.

**Current Principal Place of Business:**

583 SAND WEDGE LOOP  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

583 SAND WEDGE LOOP  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 01-0748649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: INGS-BROWN, GWENDLOYN M  
Address: 583 SAND WEDGE LOOP  
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Delete  
Name: BROWN, VERNON  
Address: 583 SAND WEDGE LOOP  
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete  
Name: FOSTER, MINNIE L  
Address: 583 SAND WEDGE LOOP  
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete  
Name: BROWN, MARVA  
Address: 583 SAND WEDGE LOOP  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN M. INGS-BROWN

PD

09/10/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date