

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 02, 2002 8:00 am  
Secretary of State

09-02-2002 90147 037 \*\*\*\*61.25

DOCUMENT # N94000003259

1. Entity Name

STAR CENTER, INC.

Principal Place of Business

26360 OLD TRILBY ROAD  
BROOKSVILLE FL 34602  
US

Mailing Address

26360 OLD TRILBY ROAD  
BROOKSVILLE FL 34602  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3314852

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

RAAB, ROBERT  
26260 OLD TRILBY ROAD  
BROOKSVILLE FL 34602

7. Name and Address of New Registered Agent

Name

STEPHEN R. RAAB

Street Address (P.O. Box Number is Not Acceptable)

26360 OLD TRILBY Rd.

City

Brooksville

FL

Zip Code

34602

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]*

President

8-26-02

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	DTV	<input type="checkbox"/> Delete
NAME	RAAB, DEBORAH	
STREET ADDRESS	26360 OLD TRILBY ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RAAB, ROBERT	
STREET ADDRESS	26360 OLD TRILBY ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUPINSKI, JOHN	
STREET ADDRESS	1520 IVYDALE RD.	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIEDMER, TERRY	
STREET ADDRESS	3527 DOW LANE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOFKA, RICHARD	
STREET ADDRESS	2488 CORONET COURT	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN R. RAAB	
STREET ADDRESS	26360 Old Trilby Rd	
CITY-ST-ZIP	Brooksville, FL. 34602	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEFANIE E. RAAB	
STREET ADDRESS	26360 Old Trilby Rd	
CITY-ST-ZIP	Brooksville, FL. 34602	
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-02

352-796-1918

Date

Daytime Phone #

CR2E037 (9/01)