

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90167 001 \*\*\*150.00

**DOCUMENT # P00000036465**

**1. Entity Name**  
**STELLAR CONSTRUCTION CORP.**

**Principal Place of Business**

**8623 N. DIXON AVENUE  
TAMPA FL 33604**

**Mailing Address**

**P.O. BOX 9756  
TAMPA FL 33674**

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

**59-3644389**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MARSTELLER, BRUCE J  
8519 N. BLVD.  
TAMPA FL 33604**

**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**

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See Criteria on back)**

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**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

**10. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**P  
MARSTELLER, BRUCE  
8519 N. BOULEVARD  
TAMPA FL 33604**

☐ Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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NAME  
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CITY - ST - ZIP**

☐ Change ☐ Addition

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**BRUCE J. MARSTELLER**  
**Signature and Typed or Printed Name of Signing Officer or Director**

**1/17/02**  
**Date**

**(813) 930-9900**  
**Daytime Phone #**

CR2E034 (9/01)