

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046579

1. Entity Name
FIVE STAR TEXTURE, INC.

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90027 039 ***150.00

Principal Place of Business
1275 E. BENNETT DRIVE #110
LONGWOOD FL 32750

Mailing Address
1275 E. BENNETT DRIVE #110
LONGWOOD FL 32750

2. Principal Place of Business
11257 S. Orange Blossom Trl
Suite, Apt. #, etc.
Suite 202
City & State
Orlando

3. Mailing Address
11257 S. Orange Blossom Trl
Suite, Apt. #, etc.
Suite 202
City & State
Orlando



DO NOT WRITE IN THIS SPACE

Zip
32837 Country
Orange

4. FEI Number
59-3660813 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MOYAL, CYNTHIA
1275 E. BENNETT DRIVE #110
LONGWOOD FL 32750

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
11257 S. Orange Blossom Trl
Suite 202
City
Orlando FL **32837**

Changed to →

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 *Cynthia Moyal, pres* *Cynthia Moyal* *2/15/01*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	<input type="checkbox"/> Delete PST MOYAL, CYNTHIA 1275 E. BENNETT DRIVE #110 LONGWOOD FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11257 S. Orange Blossom Trl Orlando, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Cynthia Moyal* *Cynthia moyal, pres* *2/15/01* *858-5411*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0478463

CR2E034 (10/00)