

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000051570**1. Entity Name  
ROLLING STAR, INC.

## Principal Place of Business

112 WEST ADAMS STREET  
SUITE 1724  
JACKSONVILLE  
32202

FL

## Mailing Address

112 WEST ADAMS STREET  
SUITE 1724  
JACKSONVILLE  
32202

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LAWTECH, P.A.  
118 WEST ADAMS STREET  
SUITE 500  
JACKSONVILLE  
32202

US

FL

## 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)

04/24/2001

DATE

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          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | SAMMIMY ROLANDO I             |                                 |
| STREET ADDRESS | 1865 BRICKELL AVE. APT. A-813 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33129                |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

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

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | D, S                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | BUCK RICHARD W                   |  |
| STREET ADDRESS | 118 WEST ADAMS STREET, SUITE 500 |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32202            |  |
| TITLE          | D, T                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | TUREMAN NOUSHIN S                |  |
| STREET ADDRESS | 2970 OAK STREET                  |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32205            |  |
| TITLE          | D, V                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PALMER RUSSELL F                 |  |
| STREET ADDRESS | 8855 WATERFRONT TERRACE          |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32217            |  |
| TITLE          | D, P                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MCGOVERN JAMES J                 |  |
| STREET ADDRESS | 1833 WILLOW BRANCH TERRACE       |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32205            |  |
| 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    |                                  |  |

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:** Richard W. Buck

Sec.

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)