2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000056671**

1. Entity Name
FIVE STAR OPERATIONS INC.

Principal Place of Business	Mailing Address
6289 WINDWOOD DRIVE PENSACOLA FL 32504	6289 WINDWOOD DRIVE PENSACOLA FL 32504

2. Principal Place of Business	3. Mailing Address
6879 N. 9TH AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA FL	City & State
Zip: 32504 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3650372 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACKSON RODNEY 6289 WINDWOOD DRIVE PENSACOLA FL 32504	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 _____ **03/12/2001**
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) ☒

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRISKE WAYNE 6289 WINDWOOD DRIVE PENSACOLA FL 32504 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RICH MARTIN 6289 WINDWOOD DRIVE PENSACOLA FL 32504 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PURSELL LARRY 6289 WINDWOOD DRIVE PENSACOLA FL 32504 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PRESNELL CONNIE 6289 WINDWOOD DRIVE PENSACOLA FL 32504 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JACKSON RODNEY 6289 WINDWOOD DRIVE PENSACOLA FL 32504 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: CONNIE PRESNELL VP 03/12/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #