## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## May 12, 2002 8:00 am § Secretary of State P00000062997 DOCUMENT # 1. Entity Name 05-12-2002 90575 030 \*\*\*150.00 SJK BLUE STAR HOLDINGS, INC. Principal Place of Business Mailing Address PO BOX 2308 1131 DELANEY AVE ORLANDO FL 32802 ORLANDO FL 32806 2. Principal Place of Business 514 W. (entrac DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3669666 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KINCHLA, MARK L (P.O. Box Number is Not Acceptable) 1131 DELANEY AVE ORLANDO FL 32806 City 32806 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change TITLE Delete TITLE KINCHLA, MARK L NAME NAME 1310 5. Oseeola A enfancio, FrA 3280 1131 DELANEY AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32806 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fing 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 agnature that 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 in sweet to execute this report is required. Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

**FILED**