

2001 UNIFORM BUSINESS REPORT (UBR)

5/7/1

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-07-2001 90046 014 ***150.00

DOCUMENT # P00000065315

1. Entity Name

ALL-STAR ACADEMY, INC.

Principal Place of Business

**455 STAN DR.
W. MELBOURNE FL 32904**

Mailing Address

**455 STAN DR.
W. MELBOURNE FL 32904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2892031
~~58-2892031~~

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSACI, M. JOAN
1765 SANDYCREEK LA.
MALABAR FL 32950**

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)

**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 | D | <input type="checkbox"/> Delete |
| NAME | ROSACI, M. JOAN | |
| STREET ADDRESS | 1765 SANDYCREEK LA. | |
| CITY-ST-ZIP | MALABAR FL 32904 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SCHUPP, SANDRA | |
| STREET ADDRESS | 1655 AMBERJACK CIR. | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SCHUPP, WILLIAM | |
| STREET ADDRESS | 1655 AMBERJACK CIR. | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JASZKOWIAK, JESSICA | |
| STREET ADDRESS | 4854 ERIN LN | |
| CITY-ST-ZIP | MELBOURNE, FL 32940 | |
| 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 | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHA JOAN ROSACI WK 321-725-1661

4-27-01 WK 321-727-8553

Date

Daytime Phone #

CR2E034 (10/00)